

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Tuesday, March 31, 2015 9:57 AM
To: Broessel, Kristi (DCH)
Subject: FW: MI Pregnancy and Parenting Support Services Program Status Update

Meant to copy to you

Barbara (Quess) Derman, MSW
Public Health Consultant
Women's Reproductive Health
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Derman, Barbara (DCH)
Sent: Tuesday, March 31, 2015 9:25 AM
To: Dunbar, Paulette Dobynes (DCH)
Subject: RE: MI Pregnancy and Parenting Support Services Program Status Update

The last quarterly report had them at 700 total clients served. This one has 996 total clients served, so they are continuing to pick up services. They are at the same number of providers and have added one service site since the last quarterly report. The client to visit ratio is staying about the same, about 2.5. This report has some data that they haven't reported to us before (i.e. number of clients who reported they had been pressured to abort, clients who entered the program considering abortion, and some reported outcomes around the decision to have or abort) We haven't seen this reported before, though presumably they are asking their providers to report this data?

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From: Dunbar, Paulette Dobynes (DCH)
Sent: Tuesday, March 31, 2015 8:36 AM
To: Derman, Barbara (DCH)
Subject: Fwd: MI Pregnancy and Parenting Support Services Program Status Update

What do u think of the numbers for this time and where they were last report?

Sent from my iPhone

Begin forwarded message:

From: "Kevin I. Bagatta, Esquire" <ra-president@comcast.net>
To: "Broessel, Kristi (DCH)" <BroesselK@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>
Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>
Subject: MI Pregnancy and Parenting Support Services Program Status Update

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Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>
Subject: MI Pregnancy and Parenting Support Services Program Status Update

Hi everyone,

I understand that the appropriation language for the program has an April 1 report due so I thought I would give you the latest performance statistics and outcomes for the program.

17 approved service provider sites

996 clients served

2494 visits

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-1112

www.RealAlternatives.org
www.LoveFacts.org
www.ConcernedParents.com

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Tuesday, March 31, 2015 9:54 AM
To: Dunbar, Paulette Dobynes (DCH)
Subject: FW: MI Pregnancy and Parenting Support Services Program Status Update
Importance: High

Did you happen to see that we have a call with Kristi this afternoon at 3pm. She requested a call last Thursday, but said she wasn't available yesterday, so I looked at your busy calendar and scheduled it in for 3:00pm I also reserved Conf. room 210

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From: Kevin I. Bagatta, Esquire [mailto:ra-president@comcast.net]
Sent: Tuesday, March 31, 2015 9:47 AM
To: Derman, Barbara (DCH); Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)
Cc: Thomas A. Lang, Esq.
Subject: Re: MI Pregnancy and Parenting Support Services Program Status Update

Update:

Processing yesterdays billing forms show 1008 clients served at 2,512 visits!

Kevin
Kevin I. Bagatta, Esquire
President & CEO
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PANO

**STANDARDS FOR
EXCELLENCE**

Real Alternatives was awarded the Seal of Excellence for successfully completing the Standards of Excellence certification program sponsored by the Pennsylvania Association of Nonprofit Organizations (PANO). This certification

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Derman, Barbara (DHHS)

From: Cliff <ra-finance@comcast.net>
Sent: Tuesday, April 07, 2015 5:46 PM
To: Derman, Barbara (DCH)
Cc: McCool, Matthew (DCH); Broessel, Kristi (DCH); ra-president@comcast.net
Subject: Re: Real Alternatives-Counseling for Women During Pregnancy (20142043) January & February FSR Issues
Attachments: Jan15, Feb15 Resubmissions.zip

Quess,
Please see attached revised Jan-15 and Feb-15 submissions. Very sorry for the inconvenience this caused.
Cliff McKeown

From: "Derman, Barbara (DCH)" <DermanB@michigan.gov>

Date: Tuesday, April 7, 2015 12:55 PM

To: Cliff <ra-finance@comcast.net>

Subject: RE: Real Alternatives-Counseling for Women During Pregnancy (20142043) January & February FSR Issues

Kristi reminded me that the amendments to the contract, including the extensions through 9/30/15 did not change the budget. So we are working with the original budget, through the extension.

Barbara (Quess) Derman, MSW

Public Health Consultant
Reproductive & Preconception Health Unit
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Cliff [<mailto:ra-finance@comcast.net>]

Sent: Tuesday, April 07, 2015 10:21 AM

To: Derman, Barbara (DCH); Kevin I. Bagatta, Esquire (ra-president@comcast.net)

Cc: McCool, Matthew (DCH)

Subject: Re: Real Alternatives-Counseling for Women During Pregnancy (20142043) January & February FSR Issues

Quess,
Would you be so kind as to forward to us the budget you are using to match our current invoice numbers against.
Thank you.
Cliff McKeown

From: "Derman, Barbara (DCH)" <DermanB@michigan.gov>

Date: Tuesday, April 7, 2015 10:08 AM

To: Kevin Bagatta <ra-president@comcast.net>, Cliff <ra-finance@comcast.net>

Cc: "McCool, Matthew (DCH)" <McCoolM@michigan.gov>

Subject: FW: Real Alternatives-Counseling for Women During Pregnancy (20142043) January & February FSR Issues

Good morning Kevin and Clifford,
Yesterday I received the below email from Matt McCool. My apologies for missing the errors in the January FSR. I think this is the one you submitted a bit late while the budget was being revised. At any rate Matt was going to pay it yesterday and saw that the January figures did not match with the December year to date figures. This also throws off the February numbers. Would you please revise these two submissions and send them to me. Thank you. Again my apologies for missing the error.

Barbara (Quess) Derman, MSW
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PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: McCool, Matthew (DCH)
Sent: Monday, April 06, 2015 4:30 PM
To: Derman, Barbara (DCH)
Cc: Dunbar, Paulette Dobyne (DCH); Broessel, Kristi (DCH)
Subject: Real Alternatives-Counseling for Women During Pregnancy (20142043) January & February FSR Issues

Hi Barbara,

I was preparing to pay the January and February FSRs for the Real Alternatives-Counseling for Women During Pregnancy (20142043) contract and noticed that the "Agreement YTD" column for lines 7-16 do not match up with the December FSR (see attachments) which is throwing off the "Balance" column on the FSRs. The "Agreement YTD" should include the YTD amount from the previous month reported (December) plus the expenditures reported in the current month reported (January) and the error in January is carrying over to the February FSR.

Could you please work with the agency to get this problem corrected? I can also assist as needed so feel free to let me know if I can help.

Thanks!

Matt McCool
Michigan Department of Community Health
Operations Admin. - Office of Accounting
Expenditure Operations - Contract Payment Unit
P.O. Box 30720
Lansing, MI 48909-8220
Phone: (517) 241-5839
Fax: (517) 241-5531
mccoolm@michigan.gov

This message, including any attachments is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution of any confidential and/or privileged information contained in this e-mail is expressly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy any and all copies of the original message.

Derman, Barbara (DHHS)

From: McCool, Matthew (DCH)
Sent: Wednesday, April 08, 2015 3:12 PM
To: Derman, Barbara (DCH)
Cc: Dunbar, Paulette Dobynes (DCH); Broessel, Kristi (DCH)
Subject: RE: Real Alternatives FSRs

Thanks for all your help!!

Matt McCool
Phone: (517) 241-5839
Fax: (517) 241-5531
mccoolm@michigan.gov

From: Derman, Barbara (DCH)
Sent: Wednesday, April 08, 2015 1:03 PM
To: McCool, Matthew (DCH); FSRMDCH
Cc: Dunbar, Paulette Dobynes (DCH); Broessel, Kristi (DCH)
Subject: FW: Real Alternatives FSRs

Corrected FSRs for Jan.15 and Feb.15

Barbara (Quess) Derman, MSW
Public Health Consultant
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Cell: 517-449-5968 DermanB@michigan.gov

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Monday, April 27, 2015 12:43 PM
To: Broessel, Kristi (DCH)
Subject: FW: MI FSR and Expenses for March 2015
Attachments: MI FSR and Expenses March 2015.pdf

Hi Kristi,
I am just looking at the Real Alternatives FSR for March. I notices he is basing it on the revised budget which he dates 4/3/15. Just wanted to check that this is okay. Otherwise it looks fine to me.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Cliff [mailto:cmckeown@realalternatives.local] **On Behalf Of** Cliff
Sent: Monday, April 27, 2015 9:39 AM
To: FSRMDCH
Cc: Derman, Barbara (DCH); Dunbar, Paulette Dobynes (DCH); Kevin Bagatta
Subject: FW: MI FSR and Expenses for March 2015

Please see attached Michigan FSR for March 2015.
Best Regards,
Cliff McKeown



1-888-LIFE AID

Derman, Barbara (DHHS)

From: McCool, Matthew (DCH)
Sent: Tuesday, April 28, 2015 1:14 PM
To: Derman, Barbara (DCH)
Subject: RE: MI FSR and Expenses for March 2015
Attachments: MarchFSRRealAlternatives.pdf

Hi Barbara,

I appreciate you letting us know of the impending amendment. Typically we prefer the agency continue to use the budget amounts of their most recently approved agreement until the new agreement is official. Since you are approving the payment based on a modification with an amendment pending, we would be able to process the FSR for payment. Although it looks like the budget column on the attached March FSR did not change from the previous budget so there appears to be no issue. Am I missing something?

Thanks!

Matt McCool
Phone: (517) 241-5839
Fax: (517) 241-5531
mccoolm@michigan.gov

From: Derman, Barbara (DCH)
Sent: Tuesday, April 28, 2015 11:25 AM
To: McCool, Matthew (DCH)
Subject: FW: MI FSR and Expenses for March 2015

Hello Matt,
I received the March FSR from The Real Alternatives MI Pregnancy Support Program. I noticed they are submitting it based on a budget amendment that is in process. So I asked Kristi Broessel about this since I wasn't sure of the status of the amendment. I know we approved it at this end, but wasn't sure it should be used in the FSR. Her response is below. She indicates it isn't completed yet. She indicated that I could submit the FSR and should let you know that the amendment is in process.

Please let me know if this works for you and if you have any questions.

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Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Broessel, Kristi (DCH)
Sent: Tuesday, April 28, 2015 7:45 AM
To: Derman, Barbara (DCH)
Subject: RE: MI FSR and Expenses for March 2015

We do not have the amendment completed yet. Please note that an amendment is in process to Accounting if you plan to submit the FSR in advance of the amendment. Thank you.

From: Derman, Barbara (DCH)
Sent: Monday, April 27, 2015 12:43 PM
To: Broessel, Kristi (DCH)
Subject: FW: MI FSR and Expenses for March 2015

Hi Kristi,
I am just looking at the Real Alternatives FSR for March. I noticed he is basing it on the revised budget which he dates 4/3/15. Just wanted to check that this is okay. Otherwise it looks fine to me.

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To: FSRMDCH
Cc: Derman, Barbara (DCH); Dunbar, Paulette Dobynes (DCH); Kevin Bagatta
Subject: FW: MI FSR and Expenses for March 2015

Please see attached Michigan FSR for March 2015.
Best Regards,
Cliff McKeown



1-888-LIFE AID

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, May 28, 2015 10:22 AM
To: Cliff
Cc: Dunbar, Paulette Dobyns (DCH); Kevin Bagatta
Subject: RE: MI FSR & Expenses April 2015

Thanks Cliff, I'll review this and get over to accounting today. Have a good weekend

Barbara (Quest) Derman, MSW
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DermanB@michigan.gov

From: Cliff [mailto:cmckeown@realalternatives.local] **On Behalf Of** Cliff
Sent: Wednesday, May 27, 2015 6:46 PM
To: FSRMDCH
Cc: Derman, Barbara (DCH); Dunbar, Paulette Dobyns (DCH); Kevin Bagatta
Subject: MI FSR & Expenses April 2015

Please see attached Michigan FSR for April 2015.
Best Regards,
Cliff McKeown

7810 Allentown Blvd
Suite 304
Harrisburg, PA 17112



1-888-LIFE AID

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, May 28, 2015 11:30 AM
To: FSRMDCH; McCool, Matthew (DCH)
Cc: Dunbar, Paulette Dobynes (DCH); Broessel, Kristi (DCH)
Subject: MI Pregnancy Support Program (Real Alternatives) FSR & Expenses April 2015
Attachments: RealAlternativesApril15FSR.PDF

Attached is the approved Real Alternatives FSR for April 2015

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
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Sent: Wednesday, May 27, 2015 6:46 PM
To: FSRMDCH
Cc: Derman, Barbara (DCH); Dunbar, Paulette Dobynes (DCH); Kevin Bagatta
Subject: MI FSR & Expenses April 2015

Please see attached Michigan FSR for April 2015.
Best Regards,
Cliff McKeown

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1-888-LIFE AID

FINANCIAL STATUS REPORT
Michigan Department of Community Health

Local Agency Name Real Alternatives		Contract Number 20142043		Page 1	Of 1
Street Address 7810 Allentown Blvd, Ste 304		Program MI Pregnancy & Parenting Support Services		Code	
City, State, ZIP Code Harrisburg PA 17112		Report Period 1-Apr-15 Thru 30-Apr-15 <input type="checkbox"/> Full		Date Prepared 5/27/15	
		Agreement Period 1-Oct-13 Thru 30-Sep-15		FIC ID Number 23-2868600	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies and Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
Administrative Expenses	3,100.14	73,877.87	105,000.00	31,122.13
Services Expenses	27,213.72	248,051.66	595,000.00	346,948.45
8. TOTAL DIRECT	30,313.86	321,929.42	700,000.00	378,070.58
9a. Indirect Costs Rate #1: %				
9b. Indirect Costs Rate #2: %				
10. TOTAL EXPENDITURES	30,313.86	321,929.42	700,000.00	378,070.58
SOURCE OF FUNDS:				
11. State Agreement	30,313.86	321,929.42	700,000.00	378,070.58
12. Local				
13. Federal				
14. Other				
15. Fees & Collections	30,313.86	321,929.42	700,000.00	378,070.58
16. TOTAL FUNDING	30,313.86	321,929.42	700,000.00	378,070.58

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature <i>Clifford W. McKeown</i>	Date 5/27/15	Title Vice President - Administration
Contact Person Name Clifford W. McKeown	Telephone Number 717.541.7833	

FOR STATE OFFICE USE ONLY

Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding				
Advance Issued or Applied				
Balance				

Message:

Authority: P.A. 308 of 1978 Completion: Is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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DOH 0384(F) (Rev. 4/03) (Excel) Previous Edition Obsolete

Reviewed & Approved FSR for April 2015
Bartana B. Duman
5/28/2015

Real Alternatives
Actual Administrative Expenses
Michigan: Fiscal Year 2013-2014

Cost Category	Budgeted Dollars	Previous	April	YTD	Remaining
Personnel	Revised 4/3/15	YTD	2015	FY 13-14	Budget
President & CEO	26,700.00	25,183.07	1,201.41	26,384.48	315.52
Director of Finance	5,423.00	4,939.82	372.06	5,311.88	111.12
Assistant Director of Finance	1,777.00	1,776.88		1,776.88	0.12
Accountant	2,600.00	2,489.09		2,489.09	110.91
Bookkeeper	1,400.00	681.03	63.11	744.14	655.86
Professional Development	624.00	43.93	77.92	121.85	502.15
Accrued Vacation & Sick	238.00				238.00
Payroll Taxes	3,200.00	2,133.11	91.29	2,224.40	975.60
Workers Compensation Insurance	285.00	143.32	9.69	153.01	131.99
Pension	1,950.00	932.50	34.66	967.16	982.84
Employee Group Insurance	8,000.00	7,215.39	642.08	7,857.47	142.53
Job Advertising	100.00				100.00
New Employee Screening	180.00				180.00
Total Personnel	52,477.00	45,538.14	2,492.22	48,030.36	4,446.64

Operating	Budgeted Dollars				
Consulting	6,000.00	1,848.18		1,848.18	4,151.82
Legal	1,200.00				1,200.00
Postage/Shipping	1,000.00	267.60	17.78	285.38	714.62
Auditing	5,000.00	1,587.86	110.81	1,698.67	3,301.33
Travel/Lodging	3,500.00	308.82		308.82	3,191.18
Rent	6,500.00	4,762.02	341.87	5,103.89	1,396.11
Telephone Service	1,400.00	1,026.89	64.85	1,091.74	308.26
General Business Liability Insurance	500.00	221.09	16.94	238.03	261.97
Insurance-Directors & Officers	800.00	549.27	40.99	590.26	209.74
Office Expense	11,048.00	2,591.24	1.77	2,593.01	8,454.99
Computer Resources	15,075.00	11,899.00		11,899.00	3,176.00
Total Operating	52,023.00	25,061.97	595.01	25,656.98	26,366.02

Equipment	Budgeted Dollars				
Equipment Service Contracts	500.00	177.62	12.91	190.53	309.47

Total Administrative Expenses	105,000.00	70,777.73	3,100.14	73,877.87	31,122.13
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Real Alternatives
Actual Services Expenses
Michigan: Fiscal Year 2013-2014

Cost Category	Budgeted Dollars	Previous	April	YTD	Remaining
Personnel	Revised 4/3/15	YTD	2015	FY 13-14	Budget
Vice President	21,700.00	20,469.96	1,603.79	22,073.75	(373.75)
Service Provider Approval	5,100.00	3,597.18	320.44	3,917.62	1,182.38
Quality Control Coordinator	3,000.00	2,229.35	211.50	2,440.85	559.15
Service Provider Monitoring	3,000.00	1,060.67	128.71	1,189.38	1,810.62
Toll Free Counselor	845.00	394.11	79.44	473.55	371.45
Accrued Vacation & Sick	118.00				118.00
Payroll Taxes	2,500.00	2,144.60	179.10	2,323.70	176.30
Workers Compensation Insurance	192.00	114.64	7.75	122.39	69.61
Pension	1,219.00	591.38	54.04	645.42	573.58
Employee Group Insurance	6,650.00	4,932.12	365.28	5,297.40	1,352.60
Total Personnel	44,324.00	35,534.01	2,950.05	38,484.06	5,839.94

Operating	Budgeted Dollars				
Client Education Materials	6,500.00	6,437.34		6,437.34	62.66
Services Advertising	71,000.00	6,383.90		6,383.90	64,616.10
Travel	4,900.00	1,787.75	5.61	1,793.36	3,106.64
Srvcs Database Consulting & Dev	12,000.00	11,878.75		11,878.75	121.25
Client Services	441,776.00	153,337.76	24,202.36	182,540.12	259,235.88
Toll Free Referral System	1,000.00	325.72	23.00	348.72	651.28
Contract Closeout Cost	10,000.00				10,000.00
Total Operating	547,176.00	185,151.22	24,230.97	209,382.19	337,793.81

Equipment	Budgeted Dollars				
Pregnancy Test Kits	3,500.00	152.60	32.70	185.30	3,314.70

Total Services Expenses	595,000.00	220,837.83	27,213.72	248,051.55	346,948.45
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Derman, Barbara (DHHS)

From: Kevin I. Bagatta, Esquire <ra-president@comcast.net>
Sent: Thursday, June 25, 2015 4:44 PM
To: Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)
Cc: Thomas A. Lang, Esq.
Subject: Budget Revision for May Invoice
Attachments: MI Budget Revision 6-25-15 back-up Attach B1.pdf; MI Budget Revision 6-25-15 back-up Budget Revision Backup.pdf; MI Budget Revision 6-25-15 back-up Attach B2 svcs Rev0625.pdf; MI Budget Revision 6-25-15 back-up Attach B2 admin Rev0625.pdf

Hi Kristi, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM Michigan Pregnancy & Parenting Support Services			DATE PREPARED 6/25/15		Page 1	Of 1
CONTRACTOR NAME Real Alternatives			BUDGET PERIOD From: Oct. 1, 2013 To: Sep. 30, 2015			
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd, Ste 304			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 4	
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660			
EXPENDITURE CATEGORY						TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
Administrative Expenses		\$99,750				
Services Expenses		\$600,250				
8. (Sum of Lines 1-7)		\$700,000	\$0		\$0	
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES		\$700,000	\$0		\$0	\$0
SOURCE OF FUNDS:						
11. FEES & COLLECTIONS						
12. STATE AGREEMENT		\$700,000				
13. LOCAL						
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		\$700,000	\$0		\$0	\$0

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

DCH-0385(E) (Rev. 06/07) (Excel) Previous Edition Obsolete.

The Department of Community Health is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD		DATE PREPARED
		From: Oct. 1, 2013	To: Sep. 30, 2015	6/25/15
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input checked="" type="checkbox"/> AMENDMENT	4
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
President & CEO			\$	35,000
Vice President - Administration			\$	6,923
Assistant Director of Finance			\$	1,777
Accountant			\$	2,800
Bookkeeper			\$	1,400
Accrued Vac & Sick			\$	238
1. TOTAL SALARY & WAGES:			0.000	\$ 48,138
2. FRINGE BENEFITS: (Specify)				
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> UNEMPLOYMENT <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> VISION <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> INS <input checked="" type="checkbox"/> OTHER: specify-	<input checked="" type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> WORK COMP			\$ 17,065
2. TOTAL FRINGE BENEFITS:			\$	17,065
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
				\$ 500
3. TOTAL TRAVEL:			\$	500
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
Office Expense			\$	5,048
Computer Resources			\$	12,175
4. TOTAL SUPPLIES & MATERIALS:			\$	17,223
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
Consulting		\$ 2,520		
Legal Consulting		\$ 400		
5. TOTAL CONTRACTUAL:			\$	2,920
6. EQUIPMENT: (Specify)				
				\$ -
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
			<u>Amount</u>	
Communication:				
Space Cost:	Rent / Telephone	\$	8,650	
Others (explain):	Business Insur + Ofc & Directors Insurance	\$	1,350	
	Audit	\$	2,500	
	Equip. Service Contract	\$	500	
	Professional Development	\$	624	
	Job Advertising / Employee Screening	\$	280	
7. TOTAL OTHER EXPENSES:			\$	13,904
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		
		\$ 99,750		
9. INDIRECT COST CALCULATIONS:				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	x Rate	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		10. TOTAL ALL EXPENDITURES:		
		\$ 99,750		
AUTHORITY: P.A. 369 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.		Use Additional Sheets as Needed		
DCH-0325(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete				

Real Alternatives
Actual Administrative Expenses
Michigan: Fiscal Year 2013-2015
Budget Revision Effective for May 2015
Submitted June 25, 2015

Cost Category	Original Budgeted Dollars	Revised Budgeted Dollars	Difference Revised Budget Less Original
Personnel			
President & CEO	26,700.00	35,000.00	8,300.00
VP - Administration	5,423.00	6,923.00	1,500.00
Assistant Director of Finance	1,777.00	1,777.00	-
Accountant	2,600.00	2,800.00	200.00
Bookkeeper	1,400.00	1,400.00	-
Professional Development	624.00	624.00	-
Accrued Vacation & Sick	238.00	238.00	-
Payroll Taxes	3,200.00	3,830.00	630.00
Workers Compensation Insurance	285.00	285.00	-
Pension	1,950.00	1,950.00	-
Employee Group Insurance	8,000.00	11,000.00	3,000.00
Job Advertising	100.00	100.00	-
New Employee Screening	180.00	180.00	-
Total Personnel	52,477.00	66,107.00	13,630.00
Operating			
Consulting	6,000.00	2,520.00	(3,480.00)
Legal	1,200.00	400.00	(800.00)
Postage/Shipping	1,000.00	1,000.00	-
Auditing	5,000.00	2,500.00	(2,500.00)
Travel/Lodging	3,500.00	500.00	(3,000.00)
Rent	6,500.00	7,000.00	500.00
Telephone Service	1,400.00	1,650.00	250.00
General Business Liability Insurance	500.00	500.00	-
Insurance-Directors & Officers	800.00	850.00	50.00
Office Expense	11,048.00	4,048.00	(7,000.00)
Computer Resources	15,075.00	12,175.00	(2,900.00)
Total Operating	52,023.00	33,143.00	(18,880.00)
Equipment			
Equipment Service Contracts	500.00	500.00	-
Total Administrative Expenses	105,000.00	99,750.00	(5,250.00)

Real Alternatives
Actual Services Expenses
Michigan: Fiscal Year 2013-2015
Budget Revision Effective for May 2015
Submitted June 25, 2015

Cost Category	Original Budgeted Dollars	Revised Budgeted Dollars	Difference Revised Budget Less Original
Personnel			
Vice President	21,700.00	25,700.00	4,000.00
Services Coordinator	-	5,915.00	5,915.00
Services Assistance	-	585.00	585.00
Service Provider Approval	5,100.00	5,100.00	-
Billing Coordinator	3,000.00	3,500.00	500.00
Service Provider Monitoring	3,000.00	3,000.00	-
Hotline Counselor	845.00	845.00	-
Accrued Vacation & Sick	118.00	118.00	-
Payroll Taxes	2,500.00	3,400.00	900.00
Workers Compensation	192.00	192.00	-
Pension	1,219.00	1,219.00	-
Employee Group Insurance	6,650.00	7,650.00	1,000.00
Total Personnel	44,324.00	57,224.00	12,900.00
Operating			
Client Education Materials	6,500.00	6,500.00	-
Services Advertising	71,000.00	71,000.00	-
Travel	4,900.00	6,400.00	1,500.00
Srvcs Database Consulting & Dev	12,000.00	13,000.00	1,000.00
Counseling Reimbursement	441,776.00	431,776.00	(10,000.00)
Hotline Referral System	1,000.00	750.00	(250.00)
Contract Closeout Cost	10,000.00	10,000.00	-
Total Operating	547,176.00	539,526.00	(7,650.00)
Equipment			
Pregnancy Test Kits	3,500.00	3,500.00	-
Total Services Expenses	595,000.00	600,250.00	5,250.00
Total Admin & Services	700,000.00	700,000.00	

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy & Parenting Support Services		BUDGET PERIOD From: 10/1/13 To: 9/30/15		DATE PREPARED 6/25/15
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 4
1. SALARY & WAGES:	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
	Vice President			\$ 25,700
	Services Coordinator/Assistance			\$ 6,500
	Service Provider Approval			\$ 5,100
	Billing Coordinator			\$ 3,500
	Service Provider Monitoring			\$ 3,000
	Hotline			\$ 845
	Accrued Vac & Sick			\$ 118
1. TOTAL SALARY & WAGES:			0.000	\$ 44,763
2. FRINGE BENEFITS: (Specify)				
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> LIFE INS	<input checked="" type="checkbox"/> DENTAL		\$ 12,461
<input checked="" type="checkbox"/> PLOY	<input checked="" type="checkbox"/> VISION	<input checked="" type="checkbox"/> INS		
<input checked="" type="checkbox"/> RETIR	<input checked="" type="checkbox"/> HEARING	<input checked="" type="checkbox"/> WORKSCOOP		
<input checked="" type="checkbox"/> MEN	<input checked="" type="checkbox"/> INS			
<input checked="" type="checkbox"/> RUSPL	<input checked="" type="checkbox"/> OTHER:s			
<input checked="" type="checkbox"/> TAL	Specify:			
<input checked="" type="checkbox"/> INC				
2. TOTAL FRINGE BENEFITS:			\$	12,461
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
				\$ 6,400
3. TOTAL TRAVEL:			\$	6,400
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
Client Education Materials				\$ 6,600
Pregnancy Test Kits				\$ 3,500
4. TOTAL SUPPLIES & MATERIALS:			\$	10,100
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
Name	Amount			
Client Services	431,776.00			
Database Consulting	\$ 13,000			
5. TOTAL CONTRACTUAL:			\$	444,776
6. EQUIPMENT: (Specify)				
			Amount	
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:			Amount	
Space Cost:	Services Advertising	\$	71,000	
Others (explain):	Hotline Referral System	\$	750	
	Contract Closeout Cost	\$	10,000	
7. TOTAL OTHER EXPENSES:			\$	81,750
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 600,250
9. INDIRECT COST CALCULATIONS:				
Rate #1 Base \$	x Rate	0.00%	=	\$ -
Rate #2 Base \$	x Rate	0.00%	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 600,250
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.				
DCH-0382(E) (Rev. 06/07) (EXCEL) Previous Edition Obsolete		Use Additional Sheets as Needed		

Derman, Barbara (DHHS)

From: Broessel, Kristi (DCH)
Sent: Friday, June 26, 2015 7:00 AM
To: Derman, Barbara (DCH); Dunbar, Paulette Dobyne (DCH)
Subject: RE: Budget Revision for May Invoice

I will have time between 1 -3 on Monday if that will work for you. Please let me know . Thank you.

From: Derman, Barbara (DCH)
Sent: Thursday, June 25, 2015 4:48 PM
To: Broessel, Kristi (DCH); Dunbar, Paulette Dobyne (DCH)
Subject: RE: Budget Revision for May Invoice

Kristi and Paulette, Would you like to set up a conference call to discuss?

From: Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]
Sent: Thursday, June 25, 2015 4:44 PM
To: Broessel, Kristi (DCH); Dunbar, Paulette Dobyne (DCH); Derman, Barbara (DCH)
Cc: Thomas A. Lang, Esq.
Subject: Budget Revision for May Invoice

Hi Kristi, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May Invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

Derman, Barbara (DHHS)

From: Cliff <ra-finance@comcast.net>
Sent: Friday, June 26, 2015 3:06 PM
To: FSRMDCH
Cc: Derman, Barbara (DCH); Dunbar, Paulette Dobynes (DCH); Kevin Bagatta; Tom Lang
Subject: Real Alternatives' Michigan FSR - May 2015
Attachments: May 2015 MI FSR & Expense Report.pdf

Please see attached Real Alternatives Michigan FSR for May 2015.
Best Regards,
Cliff McKeown

Derman, Barbara (DHHS)

From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 1:09 PM
To: Derman, Barbara (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

Please forward the PDF document and we will add it to our grant agreement file. We do not require it for our grant agreements. They work with several other states and they may require it and just provided it to us as well. How does next week look for you and Paulette in the mornings for our quick meeting. Thank you.

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 12:32 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: Real Alternatives question

Good afternoon Kristi,
This morning I received in the mail a copy of a liability insurance certificate from Real Alternatives. Is this something that you or MDHHS asked them to supply? If so what should I do with it. We can turn it into a PDF and send to you or whoever needs it. Please advise. Thanks

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 1:48 PM
To: Broessel, Kristi (DCH)
Subject: FW: Real Alternatives
Attachments: CertificateofLiabilityInsurance.pdf

Here is the certificate of insurance sent by Real Alternatives

From: Stiles, Judy L. (DCH)
Sent: Thursday, July 02, 2015 1:25 PM
To: Derman, Barbara (DCH); Broessel, Kristi (DCH)
Subject: Real Alternatives



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gunn Mowery, LLC P O Box 900 Camp Hill PA 17001-0900		CONTACT NAME: PHONE (A/C, No, Ext): (717) 761-4600 FAX (A/C, No): (717) 761-6159 E-MAIL ADDRESS:	
INSURED Real Alternatives Inc 7810 Allentown Blvd. Suite 304 Harrisburg PA 17112		INSURER(S) AFFORDING COVERAGE INSURER A: Mutual Benefit Insurance Co. NAIC # 14664 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			BU00913546	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						NEO EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE UNIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CU00913546	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> RETENTION \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC16913546	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						EL EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - EA EMPLOYEE \$ 100,000
							EL DISEASE - POLICY LIMIT \$ 500,000
A	Property			BU00913546	7/1/2015	7/1/2016	Business Personal Property \$257,000 Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured with respect to general liability as required by written contract

CERTIFICATE HOLDER**CANCELLATION**

Michigan Department of Health and Human Services
Public Health Consultant, Reproductive & Preconception Health, Barbara Derman, MSW
PO Box 30195
109 W. Michigan Avenue
Lansing, MI 48909

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donna Michalek/DONNAM

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ACORD 25 (2010/05)

INS025 (201005).01

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Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 2:16 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

We found a time next Wednesday afternoon that looks open for all of us, I got a room for Paulette and Myself and sent the appointment to you as well, We can call you if you like.

From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 1:09 PM
To: Derman, Barbara (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

Please forward the PDF document and we will add it to our grant agreement file. We do not require it for our grant agreements. They work with several other states and they may require it and just provided it to us as well. How does next week look for you and Paulette in the mornings for our quick meeting. Thank you.

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 12:32 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: Real Alternatives question

Good afternoon Kristi,
This morning I received in the mail a copy of a liability insurance certificate from Real Alternatives. Is this something that you or MDHH5 asked them to supply? If so what should I do with it. We can turn it into a PDF and send to you or whoever needs it. Please advise. Thanks

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 3:02 PM
To: Dunbar, Paulette Dobynes (DCH)
Subject: FW: Real Alternatives question

I found a time on your schedule this week for a call with Kristi B and Jeanette Hensler re: Real Alternatives. I got the 3rd floor conf. room and sent you a meeting appointment.

From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 2:53 PM
To: Derman, Barbara (DCH)
Subject: RE: Real Alternatives question

Thank you. That sounds fine. I will also have Jeanette Hensler on the call.

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 2:16 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

We found a time next Wednesday afternoon that looks open for all of us, I got a room for Paulette and Myself and sent the appointment to you as well, We can call you if you like.

From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 1:09 PM
To: Derman, Barbara (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

Please forward the PDF document and we will add it to our grant agreement file. We do not require it for our grant agreements. They work with several other states and they may require it and just provided it to us as well. How does next week look for you and Paulette in the mornings for our quick meeting. Thank you.

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 12:32 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: Real Alternatives question

Good afternoon Kristi,
This morning I received in the mail a copy of a liability insurance certificate from Real Alternatives. Is this something that you or MDHHS asked them to supply? If so what should I do with it. We can turn it into a PDF and send to you or whoever needs it. Please advise. Thanks

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 3:03 PM
To: Broessel, Kristi (DCH)
Subject: RE: Real Alternatives question

Great Thanks, BTW congratulations on your move.

From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 2:53 PM
To: Derman, Barbara (DCH)
Subject: RE: Real Alternatives question

Thank you. That sounds fine. I will also have Jeanette Hensler on the call.

From: Derman, Barbara (DCH)
Sent: Thursday, July 02, 2015 2:16 PM
To: Broessel, Kristi (DCH)
Cc: Stiles, Judy L. (DCH)
Subject: RE: Real Alternatives question

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From: Broessel, Kristi (DCH)
Sent: Thursday, July 02, 2015 1:09 PM
To: Derman, Barbara (DCH)
Cc: Stiles, Judy L. (DCH)
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Cc: Stiles, Judy L. (DCH)
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Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, July 08, 2015 9:48 AM
To: Charest, Deanna (DCH)
Subject: RE: Discuss Real Alternatives contract

In general these calls have been shorter than an hour, I just got the room for an hour just in case it went longer. But we are likely to be done by 4:00

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Charest, Deanna (DCH)
Sent: Wednesday, July 08, 2015 8:43 AM
To: Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)
Subject: RE: Discuss Real Alternatives contract

Yes, I can attend. I'll have to leave right at 4:30 though.

From: Dunbar, Paulette Dobynes (DCH)
Sent: Tuesday, July 07, 2015 6:19 PM
To: Derman, Barbara (DCH); Charest, Deanna (DCH)
Subject: Discuss Real Alternatives contract

If you can join us on prep of replacing me in oversight of this project that would be great. Thanks

Discuss Real Alternatives contract
Scheduled: Wednesday, Jul 8, 2015 from 3:30 PM to 4:30 PM
Location: MDCH-WSB-3rdFlr
Invitees: Broessel, Kristi (DCH), Derman, Barbara (DCH)

Sent from my iPhone

Derman, Barbara (DHHS)

Subject: Discuss Real Alternatives contract
Location: MDCH-WSB-3rdFlr

Start: Wed 7/8/2015 3:30 PM
End: Wed 7/8/2015 4:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Derman, Barbara (DCH)
Required Attendees: Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)
Resources: MDCH-WSB-3rdFlr

Importance: High

Kristi,
If you want to call in to our # 877 336 1828
Access code 7718428

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Friday, July 10, 2015 1:24 PM
To: Thomas A. Lang - Comcast IMAP
Subject: RE: Real Alternatives Inc. - Certificate of Insurance

Thank you I sent it to Kristi to add to your file.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas A. Lang - Comcast IMAP [<mailto:ra-operations@comcast.net>]
Sent: Wednesday, June 24, 2015 4:29 PM
To: Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)
Subject: Real Alternatives Inc. - Certificate of Insurance

Dear Paulette and Barbara -

In accordance with our Grant Agreement, I have attached our Certificate of Insurance.

Thank you!
Tom

Thomas A. Lang, Esquire
Vice President of Operations
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-1112

www.RealAlternatives.org
www.LoveFacts.org
www.ConcernedParents.com



PANO



**STANDARDS FOR
EXCELLENCE**

Real Alternatives was awarded the Seal of Excellence for successfully completing the Standards of Excellence certification program sponsored by the Pennsylvania Association of Nonprofit Organizations (PANO). This certification identifies Real Alternatives as an ethical and accountable organization dedicated to the highest level of excellence within the nonprofit sector.

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Friday, July 10, 2015 2:52 PM
To: Dunbar, Paulette Dobynes (DCH); Broessel, Kristi (DCH); Hensler, Jeanette (DCH)
Subject: DRAFT email to Real Alternatives Following our call Wednesday

Importance: High

Please see this draft email for Kevin Bagatta and Mr. Long at Real Alternatives requesting a budget narrative

Good Afternoon Mr. Bagatta,
Thank you for sending your budget revision proposal ahead of your May Expenses report FSR. My apologies for the delay in getting back to you. It took a while to find time in Paulette and Kristi's schedule to review your proposal.

We agreed we do not need a contract amendment to be able to approve the expenses for May, because these budget shifts are within allowances for budget revisions. However we do need a budget narrative to describe how the funds will be spent in this shift from administrative to services line items. Please submit a budget narrative to go along with the proposed budget you sent, so I can approve the May expenses and accounting can make the payment.

Kristi also indicated that at this time we should do another contract amendment to include the \$800,000 approved for fiscal year 2015. For this contract amendment we need a budget and budget narrative for Services and Administration, keeping in mind that for the FY 16 \$800,000 allocation there is a 10% cap on administrative costs. Please submit a budget for the entire contract amount, adding the \$800,000 FY 15 allocation to the remaining contract, and a separate budget for the \$800,000 showing the administrative costs within the required cap. Also, please identify the number of clients expected to be served. Please also identify the planned strategies to increase services in order to be able to spend these funds in 2016.

We would like to set up a conference call to discuss this next contract amendment and are happy to discuss the current budget narrative if you wish. Please look for an email from Judy Stiles to set up a call. We look forward to talking with you again.

Barbara (Quess) Derman, MSW
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Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]
Sent: Thursday, June 25, 2015 4:44 PM
To: Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)
Cc: Thomas A. Lang, Esq.
Subject: Budget Revision for May Invoice

Hi Kristi, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Monday, July 13, 2015 12:32 PM
To: Broessel, Kristi (DCH)
Subject: Re: DRAFT email to Real Alternatives Following our call Wednesday

Thanks Kristi

From: Broessel, Kristi (DCH)
Sent: Monday, July 13, 2015 7:46 AM
To: Derman, Barbara (DCH)
Cc: Dunbar, Paulette Dobynes (DCH); Hensler, Jeanette (DCH)
Subject: Re: DRAFT email to Real Alternatives Following our call Wednesday

Please note the following suggestions:

1. The 10% cap applies to the FY 15 funds that will be carried into FY 16 with the amendment.
2. I think that you should suggest a week due date for the narrative budget changes for May and a two week due date for the additional \$800,000 for the amendment. We can be flexible if needed but it would be helpful to have a target date.

The remainder of the message looks fine. Please let me know if you have any additional questions.

Sent from my iPad

On Jul 10, 2015, at 2:52 PM, "Derman, Barbara (DCH)" <DermanB@michigan.gov> wrote:

Please see this draft email for Kevin Bagatta and Mr. Lang at Real Alternatives requesting a budget narrative

Good Afternoon Mr. Bagatta,
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Barbara (Quess) Derman, MSW

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Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]
Sent: Thursday, June 25, 2015 4:44 PM
To: Broessel, Kristl (DCH); Dunbar, Paulette Dobyns (DCH); Derman, Barbara (DCH)
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Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

Derman, Barbara (DHHS)

From: McCool, Matthew (DCH)
Sent: Friday, July 24, 2015 10:08 AM
To: Derman, Barbara (DCH)
Subject: RE: May FSR for Michigan Pregnancy & Parenting Support Program
Attachments: May15FSRRealAlternatives.pdf

Hi Barbara,

I was reviewing the attached May FSR for Real Alternatives that you sent for payment and noticed that the numbers in the budget column on line 7 do not match the budget summary pages per the contract. Could you please have the agency revise and resubmit the FSR with your approval? Once I get the revised copy with your approval I will go ahead and issue the payment.

Thanks!

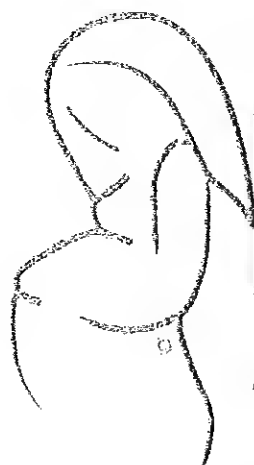
Matt McCool
Phone: (517) 241-5839
Fax: (517) 241-5531
mccoolm@michigan.gov

From: Derman, Barbara (DCH)
Sent: Thursday, July 23, 2015 4:43 PM
To: McCool, Matthew (DCH); FSRMDCH
Subject: May FSR for Michigan Pregnancy & Parenting Support Program

Attached please find the May FSR for the Michigan Pregnancy Support Program (Real Alternatives)

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Stiles, Judy L. (DCH)
Sent: Thursday, July 23, 2015 4:07 PM
To: Derman, Barbara (DCH)
Subject:



Real AlternativesSM

Empowering Women for Life..

FREE PREGNANCY SUPPORT SERVICES

Quarterly Status Report

April 1, 2015 to June 30, 2015

**Michigan Pregnancy and
Parenting Support Services
Program**

QUARTERLY REPORT OUTLINE

- I. Quarterly Administrative Report
 - A. Significant Project Status for Quarter
 - B. Service Provider Initial Site Visit
 - C. Total Grant Funds Expended Administrative Activities

- II. Quarterly Statistical Report Total Services
 - A. Clients by Age
 - 1. Clients by Age, Total
 - 2. Clients by Age, Client Type
 - 3. Clients by Age, Race and Client Type
 - 4. Clients by Age, Ethnicity
 - B. Visits by Age
 - 1. Visits by Age, Total
 - 2. Visits by Age, Client Type
 - C. Type of Counseling / Referral Provided by Age
 - D. Classes / Assistance Provided by Age
 - E. Hours of Counseling and Education Provided by Service Provider
 - F. Number of Calls Received on Hot Line
 - G. Number of Referrals on Hot Line by Service Provider

- III. Miscellaneous Items
 - A. Grant Goals and Objective Status
 - B. Service Provider Reimbursement per Month
 - C. Client Outcomes

I. Quarterly Administrative Reports

A. Significant Project Status

Significant Project Status

April 1, 2015 through June 30, 2015

Program Rollout

-Since the inception of the Program on October 1, 2014, our Program Service Providers have provided pregnancy and parenting support services to a total of 1,429 clients, at 3,760 visits!

-Of the total 1,429 clients: 907 Pregnant clients visited at 2,655 appointments, 345 Parent of Child clients visited at 877 appointments, and 177 Non-Pregnant clients visited at 228 appointments.

New Approved Service Providers

One (1) new Service Provider was approved during this quarter.
- Pregnancy Aid, Detroit, MI

Educational Material Purchase

No new purchases were made during this quarter.

Advertising Campaign

Information Request Packets were mailed to 366 middle and high schools throughout the state. Each Packet contained a letter that introduced the Program, 2 sample educational brochures, and a literature order form.

1-888-LIFE-AID Toll-Free Hotline

One (1) hotline call was received during this quarter.

Initial Site Visits

One (1) Initial Site Visit was performed during this quarter.
(See report attached in following section.)

Site Monitoring Reviews

None this quarter.

B. Service Provider Initial Site Visit

REAL ALTERNATIVES
The MI Pregnancy and Parenting Support Services Program

SITE VISIT REPORT – FY 13/14

Site Name: Pregnancy Aid
Address: 17235 Mack Ave, Detroit MI 48224
Site #: 0500
Director: Nancy Anter
Counties Served: Wayne
Date of Remote Video Visit: 3/30/2015
Visit Conducted By: Mary Kelkis

I. Facility

General Observations: All counseling areas, office space, lavatories, safety features, pantry/storage areas, and insurance coverage were inspected. No issues found.

II. Program Profile

General Observations: Pregnancy testing, educational program and materials, referral relationships, and site-specific information and accessibility were reviewed. No issues found.

III. Corporate Administration

General Observations: Program records, general policies, general procedures, client confidentiality issues, and required on-site corporate records were reviewed. No issues found.

IV. Project Management & Compliance

General Observations: The program and contractual requirements of the Michigan Pregnancy and Parenting Support Services Program have been reviewed. No issues found.

V. Program Highlights

General Observations:

Pregnancy Aid is located along the main bus line in the east side of Detroit. The facility has street side parking. They have an extensive pantry set up and stocked with baby clothing and supplies. Client counseling rooms are welcoming and private. The waiting area is comfortable and has educational materials readily available to the clients.

Agency services include court approved parenting classes, pregnancy testing, baby supplies and infant clothing.

**C. Total Grant
Funds Expended
Administrative Activities**

Real Alternatives
The Michigan Pregnancy and Parenting Support Services Program Expended on
Grantee's Administrative Activities
October, 2013 - September, 2015

October-13	2,332.90
November-13	2,620.54
December-13	1,593.45
January-14	7,614.94
February-14	7,046.83
March-14	8,133.59
April-14	2,766.42
May-14	4,461.37
June-14	10,679.39
July-14	2,108.98
August-14	2,648.37
September-14	2,678.30
October-14	1,919.84
November-14	2,553.39
December-14	3,263.51
January-15	4,018.46
February-15	1,959.96
March-15	2,377.49
April-15	3,100.14
May-15	4,257.40
June-15	5,559.00
July-15	
August-15	
September-15	
	<u>\$ 83,694.27</u>

II. Quarterly Statistical Report Total Services

A. Client by Age

- **Total**
- **Client Type**
- **Race and Client Type**
- **Ethnicity**

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	2	2	1	0	0	1	0	0	6
Berrien	4	46	70	48	18	8	0	0	194
Cass	1	9	14	10	2	1	0	0	37
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	33	42	25	9	9	1	0	121
Kent	1	1	2	1	1	0	0	0	6
Lapeer	0	1	0	0	0	0	0	0	1
Macomb	0	3	21	28	13	9	0	0	74
Muskegon	0	2	2	2	0	1	0	0	7
Oakland	0	0	7	7	3	3	0	0	20
Oceana	0	0	1	0	0	0	0	0	1
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	2	0	1	0	0	0	0	3
Saint Joseph	0	1	0	0	0	0	0	0	1
Van buren	0	0	1	0	1	0	0	0	2
Wayne	2	19	44	31	21	5	3	3	128
GrandTotals:	12	119	205	153	70	37	4	3	603

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	2	2	1	0	0	1	0	0	6
Berrien	1	26	52	34	12	4	0	0	129
Cass	0	6	11	6	1	1	0	0	25
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	12	23	13	6	4	0	0	60
Kent	1	1	2	1	1	0	0	0	6
Lapeer	0	1	0	0	0	0	0	0	1
Macomb	0	1	7	11	6	4	0	0	29
Muskegon	0	1	2	2	0	1	0	0	6
Oakland	0	0	3	2	2	1	0	0	8
Oceana	0	0	1	0	0	0	0	0	1
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	1	0	0	0	0	0	0	1
Van buren	0	0	1	0	1	0	0	0	2
Wayne	2	15	36	18	12	5	2	0	90
GrandTotals:	8	66	139	87	43	21	2	0	366

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	3	5	6	3	2	0	0	19
Cass	0	1	0	1	1	0	0	0	3
Kalamazoo	0	18	16	12	3	3	1	0	53
Macomb	0	1	14	16	7	5	0	0	43
Muskegon	0	1	0	0	0	0	0	0	1
Oakland	0	0	4	4	1	2	0	0	11
Saint clair	0	1	0	1	0	0	0	0	2
Saint Joseph	0	1	0	0	0	0	0	0	1
Wayne	0	4	7	9	9	0	0	0	29
GrandTotals:	0	30	46	49	24	12	1	0	162

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	3	17	13	8	3	2	0	0	46
Cass	1	2	3	3	0	0	0	0	9
Kalamazoo	0	3	3	0	0	2	0	0	8
Macomb	0	1	0	1	0	0	0	0	2
Oakland	0	0	0	1	0	0	0	0	1
Wayne	0	0	1	4	0	0	1	3	9
GrandTotals:	4	23	20	17	3	4	1	3	75

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Race: White

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	2	2	1	0	0	1	0	0	6
Berrien	0	16	35	27	8	2	0	0	88
Cass	0	5	10	6	1	1	0	0	23
Kalamazoo	0	3	7	9	2	0	0	0	21
Kent	1	0	2	1	1	0	0	0	5
Lapeer	0	1	0	0	0	0	0	0	1
Macomb	0	1	1	7	3	3	0	0	15
Muskegon	0	1	2	1	0	1	0	0	5
Oakland	0	0	1	1	1	1	0	0	4
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	1	0	0	0	0	0	0	1
Van buren	0	0	1	0	1	0	0	0	2
Wayne	0	0	0	3	1	0	0	0	4
GrandTotals:	3	30	60	55	19	9	0	0	176

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Race: White

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	3	5	3	2	0	0	14
Cass	0	1	0	1	1	0	0	0	3
Kalamazoo	0	5	6	2	1	0	0	0	14
Macomb	0	1	11	13	8	5	0	0	36
Oakland	0	0	1	1	1	2	0	0	5
Saint clair	0	1	0	1	0	0	0	0	2
Wayne	0	2	2	0	0	0	0	0	4
GrandTotals:	0	11	23	23	12	9	0	0	78

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Race: White

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>46	Total
Berrien	2	14	12	7	2	0	0	0	37
Cass	0	1	3	3	0	0	0	0	7
Macomb	0	1	0	0	0	0	0	0	1
GrandTotals:	2	16	15	10	2	0	0	0	45

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Race: African American

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	1	6	11	6	2	2	0	0	28
Cass	0	1	1	0	0	0	0	0	2
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	5	15	3	3	4	0	0	32
Kent	0	1	0	0	0	0	0	0	1
Macomb	0	0	5	2	3	1	0	0	11
Muskegon	0	0	0	1	0	0	0	0	1
Oakland	0	0	1	1	0	0	0	0	2
Oceana	0	0	1	0	0	0	0	0	1
Wayne	2	12	32	14	10	5	2	0	77
GrandTotals:	5	25	66	27	19	12	2	0	156

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Race: African American

County	<16	16..20	21..25	25..30	31..35	35..40	41..45	>45	Total
Berrien	0	1	1	1	0	0	0	0	3
Kalamazoo	0	12	10	7	2	2	1	0	34
Macomb	0	0	1	2	0	0	0	0	3
Muskegon	0	1	0	0	0	0	0	0	1
Oakland	0	0	2	0	0	0	0	0	2
Saint Joseph	0	1	0	0	0	0	0	0	1
Wayne	0	2	4	7	6	0	0	0	19
GrandTotals:	0	17	18	17	8	2	1	0	63

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Race: African American

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	1	2	1	0	1	0	0	0	5
Kalamazoo	0	2	2	0	0	1	0	0	5
Macomb	0	0	0	1	0	0	0	0	1
Oakland	0	0	0	1	0	0	0	0	1
Wayne	0	0	1	4	0	0	1	3	9
GrandTotals:	1	4	4	6	1	1	1	3	21

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Race: Asian

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	1	0	1	0	0	0	2
Kalamazoo	0	0	0	0	1	0	0	0	1
Macomb	0	0	1	0	0	0	0	0	1
GrandTotals:	0	0	2	0	2	0	0	0	4

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Race: Asian

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Macomb	0	0	1	0	0	0	0	0	1
Wayne	0	0	0	0	1	0	0	0	1
GrandTotals:	0	0	1	0	1	0	0	0	2

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Race: Asian

None to report this quarter.

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Race: Multi Racial

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	3	1	1	0	0	0	6
Kalamazoo	0	0	1	1	0	0	0	0	2
Wayne	0	1	0	1	0	0	0	0	2
GrandTotals:	0	2	4	3	1	0	0	0	10

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Race: Multi Racial

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Kalamazoo	0	1	0	2	0	1	0	0	4
Wayne	0	0	1	0	0	0	0	0	1
GrandTotals:	0	1	1	2	0	1	0	0	5

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Race: Multi Racial

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	0	0	0	0	0	0	1
Kalamazoo	0	0	1	0	0	1	0	0	2
GrandTotals:	0	1	1	0	0	1	0	0	3

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2016 - 6/30/2015 Pregnant Race: Native American

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	1	0	0	0	0	0	2
Kalamazoo	0	2	0	0	0	0	0	0	2
Wayne	0	1	1	0	0	0	0	0	2
GrandTotals:	0	4	2	0	0	0	0	0	6

Clients By Age

All Sites

4/1/2016 - 6/30/2015 Parent Race: Native American

None to report this quarter.

Clients By Age

All Sites

4/1/2015 - 6/30/2016 Non-Pregnant Race: Native American

None to report this quarter.

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Race: Unknown

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	2	1	0	0	0	0	0	3
Kalamazoo	0	2	0	0	0	0	0	0	2
Macomb	0	0	0	2	0	0	0	0	2
Oakland	0	0	1	0	1	0	0	0	2
Wayne	0	1	3	0	1	0	0	0	5
GrandTotals:	0	5	5	2	2	0	0	0	14

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Race: Unknown

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	1	0	0	0	0	0	2
Kalamazoo	0	0	0	1	0	0	0	0	1
Macomb	0	0	1	1	1	0	0	0	3
Oakland	0	0	1	3	0	0	0	0	4
Wayne	0	0	0	2	2	0	0	0	4
GrandTotals:	0	1	3	7	3	0	0	0	14

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Race: Unknown

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	0	1	0	2	0	0	3
Cass	1	1	0	0	0	0	0	0	2
Kalamazoo	0	1	0	0	0	0	0	0	1
GrandTotals:	1	2	0	1	0	2	0	0	6

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Ethnicity: Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	1	0	0	0	0	0	0	1
Berrien	0	5	3	3	1	0	0	0	12
Kalamazoo	0	1	1	1	1	0	0	0	4
Kent	1	0	1	0	1	0	0	0	3
Macomb	0	0	0	1	1	0	0	0	2
Muskegon	0	1	0	0	0	0	0	0	1
Van buren	0	0	1	0	0	0	0	0	1
Wayne	0	0	2	0	2	0	0	0	4
GrandTotals:	1	8	8	5	6	0	0	0	28

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Ethnicity: Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	1	2	0	0	0	0	3
Kalamazoo	0	1	2	3	1	0	0	0	7
Macomb	0	0	1	0	0	0	0	0	1
Saint clair	0	1	0	0	0	0	0	0	1
Wayne	0	0	2	0	1	0	0	0	3
GrandTotals:	0	2	6	5	2	0	0	0	15

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Ethnicity: Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	1	0	0	1	0	0	2
Cass	0	0	1	0	0	0	0	0	1
GrandTotals:	0	0	2	0	0	1	0	0	3

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant Ethnicity: Non-Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	2	1	1	0	0	1	0	0	5
Berrien	1	21	49	31	11	4	0	0	117
Cass	0	6	11	6	1	1	0	0	25
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	11	22	12	5	4	0	0	56
Kent	0	1	1	1	0	0	0	0	3
Lapeer	0	1	0	0	0	0	0	0	1
Macomb	0	1	7	10	5	4	0	0	27
Muskegon	0	0	2	2	0	1	0	0	5
Oakland	0	0	3	2	2	1	0	0	6
Oceana	0	0	1	0	0	0	0	0	1
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	1	0	0	0	0	0	0	1
Van buren	0	0	0	0	1	0	0	0	1
Wayne	2	15	34	18	10	5	2	0	86
GrandTotals:	7	58	131	82	37	21	2	0	338

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Parent Ethnicity: Non-Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	3	4	4	3	2	0	0	16
Cass	0	1	0	1	1	0	0	0	3
Kalamazoo	0	17	14	9	2	3	1	0	46
Macomb	0	1	13	16	7	5	0	0	42
Muskegon	0	1	0	0	0	0	0	0	1
Oakland	0	0	4	4	1	2	0	0	11
Saint clair	0	0	0	1	0	0	0	0	1
Saint joseph	0	1	0	0	0	0	0	0	1
Wayne	0	4	5	9	8	0	0	0	26
GrandTotals:	0	28	40	44	22	12	1	0	147

Clients By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant Ethnicity: Non-Hispanic

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	3	17	12	8	3	1	0	0	44
Cass	1	2	2	3	0	0	0	0	8
Kalamazoo	0	3	3	0	0	2	0	0	8
Macomb	0	1	0	1	0	0	0	0	2
Oakland	0	0	0	1	0	0	0	0	1
Wayne	0	0	1	4	0	0	1	3	9
GrandTotals:	4	23	18	17	3	3	1	3	72

B. Visits by Age

- **Total**
- **Client Type**

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Visits By Age

All Sites

4/1/2016 - 8/30/2016 TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total Total
Allegan	17	4	2	0	0	1	0	0	24
Berrien	7	65	177	175	41	19	0	0	484
Cass	1	9	24	10	2	1	0	0	47
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	60	81	47	36	15	1	0	242
Kent	5	3	14	2	2	0	0	0	26
Lapeer	0	3	0	0	0	0	0	0	3
Macomb	0	4	30	45	26	13	0	0	118
Muskegon	0	5	2	9	0	1	0	0	17
Oakland	0	0	12	9	4	5	0	0	30
Oceana	0	0	1	0	0	0	0	0	1
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	3	0	2	0	0	0	0	5
Saint Joseph	0	1	0	0	0	0	0	0	1
Van buren	1	0	1	0	1	1	0	0	4
Wayne	5	27	62	46	48	18	3	3	212
GrandTotals:	38	184	406	345	162	74	4	3	1,216

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Visits By Age

All Sites

4/1/2015 - 6/30/2015 Pregnant

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total Total
Allegan	17	4	2	0	0	1	0	0	24
Berrien	4	43	146	139	34	15	0	0	381
Cass	0	6	21	6	1	1	0	0	35
Dickinson	0	0	0	0	1	0	0	0	1
Kalamazoo	2	23	44	28	28	8	0	0	133
Kent	5	3	14	2	2	0	0	0	26
Lapeer	0	3	0	0	0	0	0	0	3
Macomb	0	2	9	20	14	7	0	0	52
Muskegon	0	2	2	9	0	1	0	0	14
Oakland	0	0	6	3	3	1	0	0	13
Oceana	0	0	1	0	0	0	0	0	1
Ottawa	0	0	0	0	1	0	0	0	1
Saint clair	0	2	0	0	0	0	0	0	2
Van buren	1	0	1	0	1	1	0	0	4
Wayne	5	17	50	26	32	18	2	0	150
GrandTotals:	34	105	296	233	117	53	2	0	840

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Visits By Age

All Sites

4/1/2015 - 6/30/2016 Parent

County	<16	16..20	21..25	25..30	31..35	36..40	41..46	>46	Total Total
Berrien	0	5	18	27	4	2	0	0	56
Cass	0	1	0	1	1	0	0	0	3
Kalamazoo	0	34	34	19	8	4	1	0	100
Macomb	0	1	21	24	12	6	0	0	64
Muskegon	0	3	0	0	0	0	0	0	3
Oakland	0	0	6	5	1	4	0	0	16
Saint clair	0	1	0	2	0	0	0	0	3
Saint Joseph	0	1	0	0	0	0	0	0	1
Wayne	0	10	11	16	16	0	0	0	53
GrandTotals:	0	56	90	94	42	16	1	0	299

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Visits By Age

All Sites

4/1/2015 - 6/30/2015 Non-Pregnant

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total Total
Berrien	3	17	13	9	3	2	0	0	47
Cass	1	2	3	3	0	0	0	0	9
Kalamazoo	0	3	3	0	0	3	0	0	9
Macomb	0	1	0	1	0	0	0	0	2
Oakland	0	0	0	1	0	0	0	0	1
Wayne	0	0	1	4	0	0	1	3	9
GrandTotals:	4	23	20	18	3	5	1	3	77

**C. Type of Counseling/
Referral Provided by Age**

Real Alternatives
Michigan Pregnancy and Parenting Support Services
Counseling/Referral Client Summary
All Sites
4/1/2015 - 8/30/2015

Page 1 of 2

Counseling/Referral	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Abortion Risks & Info:	4	30	41	22	6	5	1	0	109	18.08%
Abstinence/Chastity:	6	35	23	22	6	4	1	1	97	16.09%
Abuse (Emotional)	0	3	4	4	5	1	0	0	17	2.82%
Abuse (Physical):	0	5	8	9	3	0	0	0	25	4.15%
Abuse (Sexual):	1	2	7	1	3	0	0	0	14	2.32%
Adoption Education:	4	21	24	18	2	3	0	0	72	11.94%
Anger Management:	0	2	3	0	1	0	0	0	8	1.00%
Breastfeeding:	1	28	42	27	17	6	1	0	122	20.23%
Child Care:	1	23	59	36	14	10	0	1	144	23.88%
Childbirth Issues:	1	15	45	27	17	4	0	0	109	18.08%
Decision Making:	2	34	54	24	16	6	1	0	137	22.72%
Depression:	2	31	47	24	10	8	1	0	123	20.40%
Drug/Alcohol:	4	32	51	25	12	5	0	0	129	21.39%
Education:	9	74	100	68	22	6	1	1	271	44.94%
Family Spt: -Birth Father	1	1	2	1	1	0	0	0	8	1.00%
Family Spt: -Boyfriend	0	3	6	2	0	0	0	0	11	1.82%
Family Spt: -Father	0	2	0	0	0	0	0	0	2	0.33%
Family Spt: -Foster Parent	0	0	0	0	0	0	0	0	0	0.00%
Family Spt: -Grandparent	0	2	0	1	0	0	0	0	3	0.50%
Family Spt: -Husband	0	3	14	28	12	10	0	0	67	11.11%
Family Spt: -Lgl Guardian	0	1	0	0	0	0	0	0	1	0.17%
Family Spt: -Mother	2	5	1	4	2	0	0	0	14	2.32%
Family Spt: -Sibling	0	0	3	4	1	1	0	0	9	1.49%
Fetal Development:	2	34	59	39	16	5	1	1	157	26.04%
Financial/Job:	3	66	130	95	34	20	0	0	348	57.71%
Grief -Adoption:	0	0	0	0	0	0	0	0	0	0.00%
Grief -Infant Death:	0	0	0	0	0	0	0	0	0	0.00%
Grief -Miscarriage:	0	1	1	0	0	0	0	0	2	0.33%
Housing:	4	79	116	74	35	15	0	0	323	53.57%
Initial Intake:	8	75	120	67	26	17	2	0	315	52.24%
Legal:	1	3	11	11	7	1	0	0	34	5.64%
Life Skills:	2	20	36	18	11	5	0	0	92	15.26%
Medical/Health:	2	38	66	44	23	9	0	3	185	30.68%
Mental Health:	1	17	21	7	6	2	0	0	54	8.96%
Nutrition:	3	21	36	28	16	5	0	0	109	18.08%
Other:	3	24	44	40	24	6	3	1	145	24.05%
Pantry Needs:	0	4	6	2	2	0	0	0	14	2.32%
Parenting Skills:	3	39	62	55	28	9	0	0	196	32.50%
Post Delivery Stress:	0	9	22	7	10	1	0	0	49	8.13%

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

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Counseling/Referral Client Summary

All Sites

4/1/2015 - 6/30/2015

Pregnancy Counseling & Info:	8	62	105	73	30	14	3	2	297	49.25%
Relationship:	7	84	128	77	29	18	2	1	344	57.05%
STD Risks & Information:	5	55	72	49	16	14	0	1	212	35.16%
Stress Management:	2	30	55	26	17	4	0	0	134	22.22%

**D. Classes/ Assistance
Provided by Age**

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Classes Assistance Client Summary

All Sites

4/1/2015 - 6/30/2015

Class/Assistance	<16	16..20	21..26	28..30	31..35	36..40	41..45	>45	Total	
Chastity Class:	0	0	3	0	0	0	0	0	3	0.50%
Childbirth Class:	0	0	0	0	0	0	0	0	0	0.00%
Parenting Class:	1	5	27	21	12	6	0	0	72	11.94%
Pregnancy Class:	2	0	2	8	5	2	0	0	19	3.15%
Family Support Class:	0	1	1	0	0	0	0	0	2	0.33%
In-House Clothing:	3	53	111	87	48	21	1	0	324	53.73%
In-House Food:	0	29	64	45	15	8	0	0	161	26.70%
In-House Furniture:	1	8	19	4	10	2	0	0	44	7.30%
Pregnancy Test Kit:	0	11	15	10	3	3	2	3	47	7.79%

**E. Hours of Counseling and
Education Provided by
Service Provider**

Real Alternatives
Michigan Pregnancy and Parenting Support Services
Provider Summary Report
4/1/2015 - 6/30/2015

	Counsel Time	Referral Time	Chastity Class	Childbirth Class	Parent Class	Preg Class	Family Class	Clothing Pantry	Food Pantry	Furn Pantry	Preg Kit	Total
01 Women's Care Center	13,038 \$14,212.51 Total Time:	0 \$0.00 \$14,212.51	3 \$65.40	0 \$0.00	337 \$7,346.60	5 \$108.00	0 \$0.00	182 \$1,983.80	138 \$1,504.20	80 \$654.00	0 \$0.00	\$25,875.51
					Total Class:	Total Class:	\$7,521.00	Total Pantry:	Total Pantry:	\$4,142.00		
02 Catholic Charities/Kalamazoo	13,332 \$14,531.88 Total Time:	375 \$408.64 \$14,941.72	0 \$0.00	0 \$0.00	55 \$1,199.00	0 \$0.00	4 \$87.20	33 \$359.70	8 \$87.20	8 \$55.40	10 \$109.00	\$16,849.22
					Total Class:	Total Class:	\$1,286.20	Total Pantry:	Total Pantry:	\$512.30		
03 Catholic Charities/Southeast MI	10,024 \$10,937.06 Total Time:	0 \$0.00 \$10,937.06	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	138 \$1,504.20	28 \$305.20	1 \$10.90	0 \$0.00	\$12,757.36
					Total Class:	Total Class:	\$0.00	Total Pantry:	Total Pantry:	\$1,820.30		
04 Catholic Charities West Michigan	5,347 \$5,828.23 Total Time:	85 \$92.55 \$5,920.88	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	5 \$54.50	0 \$0.00	0 \$0.00	0 \$0.00	\$5,975.38
					Total Class:	Total Class:	\$0.00	Total Pantry:	Total Pantry:	\$54.50		
05 Pregnancy Aid	5,528 \$6,028.81 Total Time:	133 \$210.37 \$6,239.98	0 \$0.00	0 \$0.00	25 \$545.00	18 \$348.80	0 \$0.00	67 \$730.30	2 \$21.80	12 \$130.80	38 \$414.20	\$8,427.88
					Total Class:	Total Class:	\$893.80	Total Pantry:	Total Pantry:	\$882.90		
Grand Totals	47,281 \$51,536.29	854 \$712.86	3 \$65.40	0 \$0.00	417 \$9,090.60	21 \$457.80	4 \$87.20	425 \$4,632.50	176 \$1,918.40	79 \$861.10	48 \$523.20	\$69,885.35
	Grand Total Time:	\$52,249.15		Grand Total Class:	\$9,701		Grand Total Pantry:	\$7,412		\$523		\$69,885.35

**F. Number of Calls Received
on Hotline**

[illegible]

**G. Number of Referrals on
Hotline by Service
Provider**

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Calls Referred or Patched By Provider

4/1/2015 - 6/30/2015

Provider	Referral Info	Patches Called	Total
	1	0	1
Grand Totals	1	0	1

III. Miscellaneous Items

A. Grant Goals and Objective Status

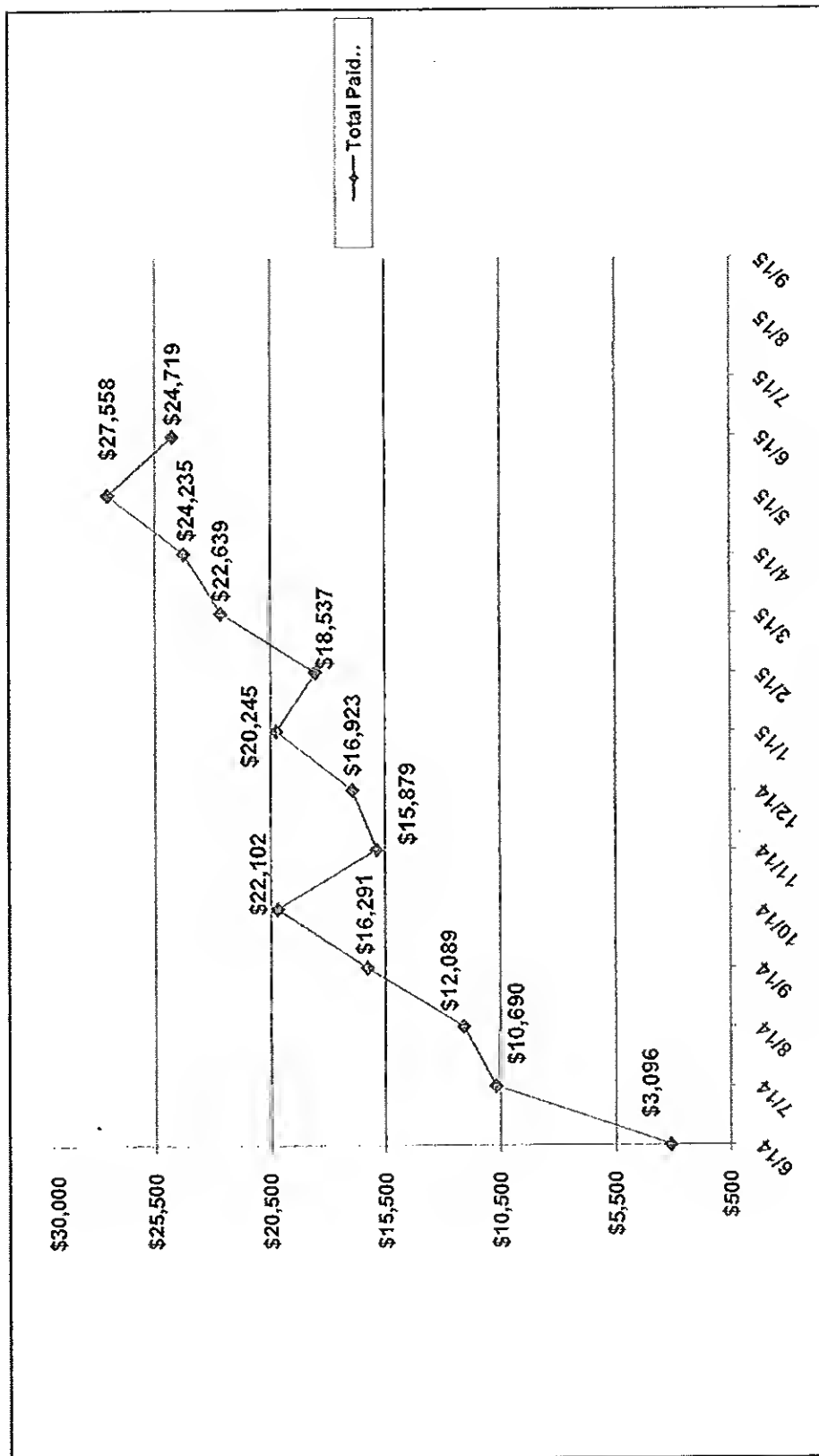
MI PRENANCY & PARENTING SUPPORT SERVICES PROGRAM GRANT GOALS AND OBJECTIVES STATUS

Goals	Objectives	Methods	Measures	Timeline	Status
1 To promote childbirth as a viable and positive alternative to abortion and empower women throughout the Southern Region of Michigan facing unexpected pregnancies to choose childbirth rather than abortion.	To identify and provide grants to social service agencies, pregnancy centers, adoption agencies and maternity homes statewide that offer core services.	-Contact pregnancy centers, adoption agencies and maternity homes, notifying them of the Department of Community Health grant requirements, and inviting participation. -Contract advertising and information outreach. -Start Toll-Free Referral System offering services.	-Numbers of Service Providers participating in the program. -Number of clients served. -Number of clients counseled who indicate they have decided to choose childbirth. -Number of women served per year as a consequence of an advertising campaign. -Number of callers counseled and referrals made to service providers.	-To have participating 10 to 20 Service Provider Sites by the end of the fiscal year. -To have served 2000 clients -Advertise the length of the contract. -To provide 7.5 hr/day, 5 day/week coverage for Contract Period 13-15.	-As of April 1, 2015, 1 new Service Provider completed Approval Process this quarter. Total of 5 Service Providers with a total of 17 approved sites functional. -As of April 1, 2015, a total of 1,429 clients have been served. 603 clients served this quarter! -No new purchases were made during this quarter. -366 Information Request Packets were mailed to schools this quarter. Packets introduced the program, provided educational brochure samples and literature order form. -1 caller was assisted on the Toll-Free hotline this quarter.
2 To provide support to women experiencing unexpected pregnancies during their pregnancy and for 12 months after birth.	To provide core services consisting of life-affirming information and counseling and necessary support services and related support services.	Establish service provider network of pregnancy centers, adoption agencies and maternity homes providing life-affirming pregnancy and parenting support.	Number of women supported.	-Continuous throughout the life of the contract.	-As of April 1, 2015, 907 Pregnant clients have been served. -366 Pregnant clients served this quarter!
3 To assist women in achieving improved reproductive health.	Provide information on the advantages of abstinence to avoid unintended pregnancies and sexually transmitted diseases.	-Offer abstinence/chastity skills counseling, referrals, and classes. -Provide information on risks of sexually transmitted diseases.	-Number of clients receiving abstinence/chastity skills counseling. -Number of clients attending abstinence/chastity classes.	-Continuous throughout the length of the contract.	-97 clients received Abstinence and chastity counseling this quarter. -3 clients participated in Abstinence and Chastity classes this quarter.
4 To assist women in developing sound parenting skills.	Provide information, counseling, and classes on parenting skills.	-Offer parenting skills counseling, referrals, and classes.	-Number of clients who visited or plan to visit a health care provider for prenatal care. -Number of Clients who have taken their child to a pediatric appointment. -Number of clients with infants up to date in Immunizations.	-Continuous throughout the length of the contract.	-398 clients have visited or plan to visit a healthcare provider for prenatal care this quarter. -144 clients have taken their child for a pediatric appointment this quarter. -140 clients with children indicated that child's immunizations were up to date this quarter. -72 clients have taken Parenting classes this quarter. -196 clients have received Parenting counseling this quarter.
5 To increase awareness of adoption as an option for women with an unexpected pregnancy.	Provide accurate information on adoption.	-Provide information and training on adoption to Service Providers.	-The number of times adoption is counseled to clients.	-Continuous throughout the length of the contract.	-72 clients were counseled about adoption this quarter.

**B. Service Provider
Reimbursements Per Month**



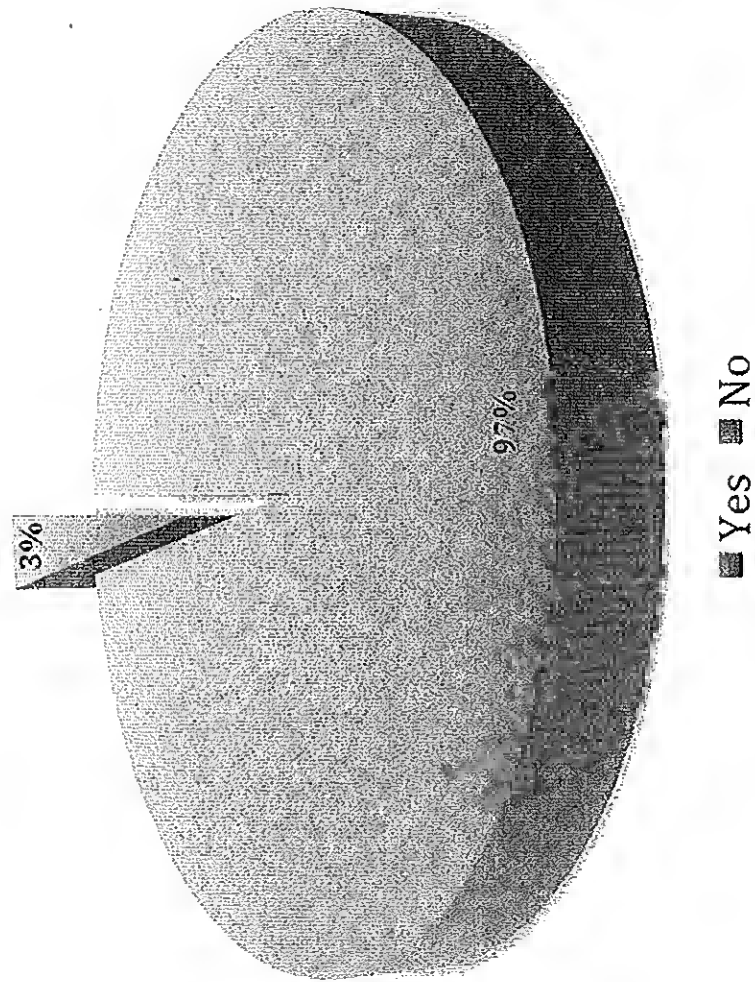
MI Pregnancy and Parenting Support Services Program



Service Provider Reimbursement Per Month

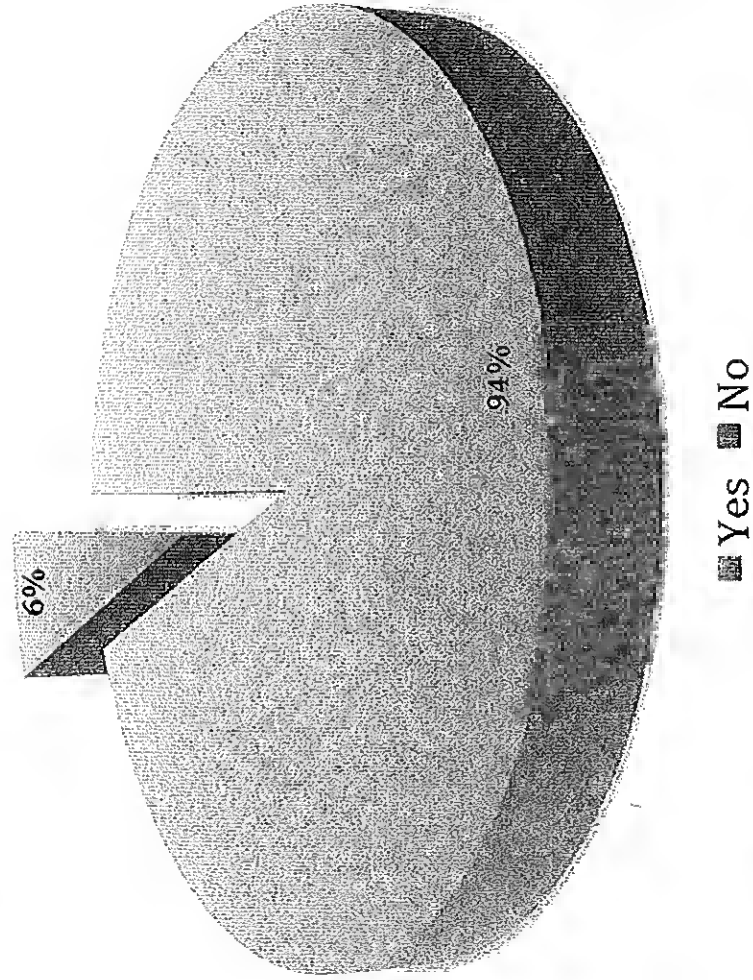
C. Client Outcomes

Clients Who Visited and/or Planning a Pre-natal Care Visit



Reporting: 411 (398 Yes, 13 No) Clients Reported Indicator
From the 603 Total Clients were served this Quarter

Clients with Up to Date Infant Immunizations



Reporting: 149 (140 Yes, 9 No) Clients Reported Indicator
From the 603 Total Clients were served this Quarter

Real Alternatives
7810 Allentown Boulevard, Suite 304
Harrisburg, PA 17112

www.RealAlternatives.org

Derman, Barbara (DHHS)

From: Kevin Bagatta <ra-president@comcast.net>
Sent: Monday, July 27, 2015 10:42 AM
To: Derman, Barbara (DCH)
Cc: ra-finance@comcast.net; Broessel, Kristi (DCH); Hensler, Jeanette (DCH)
Subject: Re: May FSR for Michigan Pregnancy & Parenting Support Program

Could we just wait till the budget amendment is processed then pay FSR?

Thanks
Kevin I. Bagatta

On Jul 27, 2015, at 10:05 AM, Derman, Barbara (DCH) <DermanB@michigan.gov> wrote:

Kevin,
It seems that until there is a budget amendment, Matt needs this FSR done by the current budget. My apologies, I had understood that it could be processed as it was. Apparently not. Please see Matt's note below.

Barbara (Quest) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: McCool, Matthew (DCH)
Sent: Friday, July 24, 2015 10:08 AM
To: Derman, Barbara (DCH)
Subject: RE: May FSR for Michigan Pregnancy & Parenting Support Program

Hi Barbara,

I was reviewing the attached May FSR for Real Alternatives that you sent for payment and noticed that the numbers in the budget column on line 7 do not match the budget summary pages per the contract. Could you please have the agency revise and resubmit the FSR with your approval? Once I get the revised copy with your approval I will go ahead and issue the payment.

Thanks!

Matt McCool
Phone: (517) 241-5839
Fax: (517) 241-5531
mccoolm@michigan.gov

From: Derman, Barbara (DCH)
Sent: Thursday, July 23, 2015 4:43 PM
To: McCool, Matthew (DCH); FSRMDCH
Subject: May FSR for Michigan Pregnancy & Parenting Support Program

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Thursday, August 27, 2015 10:29 AM
To: Hensler, Jeanette (DCH); Dunbar, Paulette Dobynes (DCH)
Subject: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program
Attachments: ATTACHMENT A.pdf; ATTACHMENT E.pdf; Michigan Budget 2013-2016 Summary- BR-8-26-15-Oct13-Sep16.pdf
Importance: High

Would you like me to set up a time for a conference call to discuss the proposal from Real Alternatives?

I reviewed them and seems like what we asked for. Attachment A , E are essentially the same as previously submitted and approved by us. The Budget looked to me like what we requested, my only thought was that the advertising budget item is a bit high, but we have discussed with them their need/desire to advertise/outreach, so may be ok as well. They do describe this activity generally in the program description (Attachment E) They include in this section the hotline which has its own line item in the budget.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Kevin Bagatta [mailto:kbagatta@realalternatives.local] On Behalf Of Kevin I. Bagatta, Esquire
Sent: Wednesday, August 26, 2015 9:13 PM
To: Hensler, Jeanette (DCH) <HenslerJ1@michigan.gov>; Kevin I. Bagatta, Esquire <ra-president@comcast.net>; Broessel, Kristi (DCH) <BroesselK@michigan.gov>; Dunbar, Paulette Dobynes (DCH) <dunbarp@michigan.gov>; Derman, Barbara (DCH) <DermanB@michigan.gov>
Cc: Thomas A. Lang, Esq. <ra-operations@comcast.net>; Clifford W. McKeown, Esq. <ra-finance@comcast.net>
Subject: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Hi Jeanette:

Attached are three documents:

1. A new Statement of Work
2. A new Program Description and Work plan
3. A new 2013-2016 Program Budget

Is our understanding correct that we will be able to expend contract year 2013-2015 funds in the each budget line until they run out AND then use the contract year 2015-2016 funds in those budget lines?

For example: Rent, in the attached budget, we are projecting to have surplus at September 30, 2015. In October and November, we would use those funds – where they will then probably be depleted (and the column would show "0"). Come December we would start using the contract year 2015-2016 funds (\$800,000) for rent. Is that correct?

You see how we will track the 10% (\$80,000) for the contract year 2015-2016 funds (\$800,000). We would submit this budget sheet monthly with our FSR – okay?

Finally, I can provide these documents in any format for you .

Thanks,

Kevin

Kevin I. Bagatta, Esquire

President & CEO

Real Alternatives

7810 Allentown Blvd., Ste. 304

Harrisburg, PA 17112

717-541-7832

From: "Hensler, Jeanette (DCH)" <HenslerJ1@michigan.gov>

Date: Wednesday, August 19, 2015 at 11:56 AM

To: Kevin Bagatta <ra-president@comcast.net>, Kristi Broessel <BroesselK@michigan.gov>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>

Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>, "Clifford W. McKeown, Esq." <ra-finance@comcast.net>

Subject: RE: Budget Revision for May invoice

Hi Kevin,

Thank you for your response. We understand that you may not be able to track this funding separately, so instead we would like to propose that you revise the existing budget to include the additional \$800,000 for a total budget of \$1,500,000 for the amendment. The amendment period will extend the grant agreement end date to 9/30/16. To continue to expend the remaining funds from FY 2014 and the new funds for FY 2015, we need to add the new funds for FY 2015 to the existing agreement versus creating a new agreement.

In order to proceed with this amendment, we will need you to provide a revised budget for the total grant agreement amount of \$1,500,000 and a revised Statement of Work to extend the agreement to September 30, 2016. As you are building your budget, please ensure the administrative costs associated with the additional \$800,000 are capped at 10%.

Also, this amendment process is time sensitive as the State of Michigan fiscal year-end deadlines are quickly approaching. We would appreciate your assistance to submit the revised budget and Statement of Work to Quess Berman and I no later than August 26th if possible. If we receive the amendment documents by August 26th, we will target sending you the amendment for signature by September 2nd.

Please let me know if you have any questions. Thank you very much for your attention to this matter.

Jeanette Hensler, Manager
Michigan Department of Health and Human Services
Grants Section
(517)241-8764

From: Kevin I. Bagatta, Esquire [mailto:ra-president@comcast.net]
Sent: Tuesday, August 11, 2015 7:12 PM
To: Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH); Hensler, Jeanette (DCH)
Cc: Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.
Subject: Re: Budget Revision for May Invoice

Hi Kristi:

Sorry to hear you are leaving the program – thank you for working with us to facilitate the start!

Tom, Cliff and I do not believe we will be able to account for the two contract funding amounts simultaneously. Our accounting and cost allocation system is set-up to allocate cost by separate program, not multiple contract funding lines within a program. The \$700,000 two-year program has been accounted for and cost allocated by a October 1 – September 30 contract year. We need the follow-on \$800,000 program to follow that contract year accounting period to ensure we accurately allocated costs for each program.

In addition, we are concerned that current projected available services counseling money under the \$700,000 two year program will not deplete fast enough for us to have administrative funds to pay for the work required to support the services. At the present services reimbursement rate, the counseling fund line will not be depleted until well after November – maybe January.

Within the last 30 days, we have trained four different potential service providers in the approval process - these providers are from Grand Rapids, Lansing, Hillsdale, and Dearborn Heights. Since the usual approval process takes 60–75 days, those new service providers will not be providing services until after October 15. So we will have incurred extra administrative expenses that will not result in increase services until after November.

We will run out of administrative money under the \$700,000 program before we run out of services money because we have extended the one year contract to two years. Our 15% administrative expenses assumed start-up and services expended in 12 months not 24 months. Michigan Service providers were much slower to respond to the program than our programs in PA, TX, and IN.

Our administrative funds will be expended by October 1, 2015. At that time, the total 24 month administrative cost ratio will be 21%. [FYI – 10/1/13 – 9/30/15 – admin ratio with start-up was 37.62%, 10/1/14-6/30/15 – admin ratio is 10.5%]

We request that after September 30, 2015, any unused funds from the \$700,000 program (now estimated to be \$140,000) be rolled over to the \$800,000 program starting October 1. We would apply the unused services funds to services under the \$800,000 program and administer those funds at 10%.

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives

7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

From: Kristi Broessel <BroesselK@michigan.gov>
Date: Wednesday, July 22, 2015 at 11:05 AM
To: Kevin Bagatta <ra-president@comcast.net>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>, "Hensler, Jeanette (DCH)" <HenslerJ1@michigan.gov>
Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>, "Clifford W. McKeown, Esq." <ra-finance@comcast.net>
Subject: RE: Budget Revision for May Invoice

Thank you for your message. The Department is planning to add the \$800,000 to your existing contract through an amendment. There will be no new contract starting October 1, 2015. The 10% cap is on the \$800,000 for FY 15 and does not apply to the existing \$700,000 funds from FY 14. We recommend that that you present a separate budget for the \$800,000 for FY 15 to help clarify that the 10% cap applies to these FY 15 funds and not the FY 14 funds. We would also suggest that you list the FY 15 Administrative and Services expenditures separately from the FY 14 Administrative and Services expenditures in the Other Expense category on the Budget Summary and in the Budget Detail. If this is not possible, please let us know.

Also, I have a new role in the Department. Jeanette Hensler, Grants Section Manager, will be taking my place on this project and will be working closely with Quess and Paulette on this amendment. Ms. Hensler will assist with preparing the grant agreement amendment(s) that will be sent out for your review, approval, and signature and will be working with Quess, Paulette and yourself to develop the budget for this amendment as we have done in the past.

It has been a pleasure working with you and your team on this project over the past two years. I wish you continued success and growth with your program to provide alternatives to women and families in Michigan. Best Wishes!

From: Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]
Sent: Tuesday, July 21, 2015 12:41 PM
To: Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)
Cc: Broessel, Kristi (DCH); Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.
Subject: Re: Budget Revision for May Invoice

Hi Quess,

Here is the narrative you requested for the budget revision we submitted.

Thanks for the information on the renewal and the roll-over of the remainder of the funds not expended under the FY 13/14-FY14/15 contract. Our rough prediction is that the new contract starting this October 1,, 2015 will be around \$1 million - \$800,00 plus \$200,000 remainder. With the 10% cap, that would be about \$100,000 in administrative costs. Right now, we have one potential service provider in the approval process and three more scheduled for training.

With a \$1 million dollar program, that would be very sufficient for a full state-wide program – we are pretty excited about that. We have had inquiries from the upper peninsular from potential service providers in the past.

We'll start working the details and do our best to meet the deadline – we started our end of the fiscal year audit today.

Thanks again!

Kevin

BUDGET REVISION NARRATIVE

ADMINISTRATIVE EXPENSES

Personnel

Increase to President & CEO, VP – Administration, Accountant, Payroll Taxes lines was due to increased cost of contract year year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year year extension as well as increase premium cost.

Operating

Decrease in Consulting, Legal, Auditing, Travel-Lodging, Office Expense, and Computer Resource lines was due to less cost than projected.

Increase In Rent and telephone service line was due increased cost of contract year year extension. These costs increased because more time was required to meet contract goals.

SERVICES EXPENSES

Personnel

Increase to VP – Operations, Billing Coordinator, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as Increase premium cost.

Addition of Services Coordinator and Services Assistance lines was due to rearrangement of program tasks to different Real Alternatives staff.

Operating

Increase in Client Education Materials line was due to greater than expected costs.

Increase in Travel line is due to VP-Operations travel for site monitorings this summer.

Increase in Services database Consulting & Development line was due to increased cost of contract year extension. More time was required to meet contract goals.

Decrease in Hotline Referral System line was due to less cost than projected.

Decrease in Counseling Reimbursement would be necessary to cover the costs of contract close-out should contract not be renewed. With contract extension and renewal, contract closeout costs will not be required.

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112

717-541-7832

From: Kevin Bagatta <ra-president@comcast.net>

Date: Thursday, June 25, 2015 at 4:44 PM

To: Kristi Broessel <BroesselK@michigan.gov>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>

Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>

Subject: Budget Revision for May Invoice

Hi Kristi, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

Statement of Work

Michigan Pregnancy and Parenting Support Services Program

October 2013 – September 2016

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
 - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
 - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
 - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
 - i. Referrals for prenatal and pediatric care.
 - ii. Referrals for medical care.
 - iii. Referrals for social services organizations and support services such as:
 - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
 - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
 - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
 - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
 - a. Are a nonprofit organization with 501(c)3 tax exempt status
 - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth Instead of abortion
 - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
 - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - g. Are nondiscriminatory
 - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - k. Agree to serve all eligible clients, including those with Limited English Proficiency
 - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - m. Maintain client confidentiality
 - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
 - o. Do not charge a fee for services to eligible clients.
 - p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
 - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitoring.
 - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
 - a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
 - c. Technical assistance provided;
 - d. Follow-up on site monitoring findings for Service Providers;
 - e. Direct service activities such as Information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
 - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
 1. Less than 16 years old;
 2. 16 years old through 20 years old;
 3. 21 years old through 25 years old;
 4. 26 years old through 30 years old;
 5. 31 years old through 35 years old;
 6. 36 years old through 40 years old;
 7. 41 years old through 45 years old;
 8. 46 years old and older.
 - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
 - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
 - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
 1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
 2. Public Information activities in Michigan
 - k. Report number of Service Provider referrals by type:
 1. Prenatal care providers
 2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM**October 2013 – September 2016****Program Description and Work Plan****INTRODUCTION**

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)¹ system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

Corporate Mission Statement

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

CORPORATE BACKGROUND AND EXPERIENCE

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last 18 years. During that time, over 250,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Human Services to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies.

In 2013, Real Alternatives was selected by the Michigan Department of Community Health to be the prime contractor for the State of Michigan's Pregnancy and Parenting Support Services Program. With a network of 17 service provider sites, over 1,450 women throughout the southern region of Michigan have been served since October 2013.

In 2014, Real Alternatives was selected by the Indiana State Department of Health to be the prime contractor for the State of Indiana's Pregnancy and Parenting Support Services Program. With a network of 16 service provider sites, over 7,500 women throughout the northern region of Indiana have been served since October 2014.

Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 18 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf

of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

Real Alternatives Staff

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.7 million a year Pennsylvania Program, the \$1 million a year Indiana Program, and the \$1.5 million Michigan Program and the second division that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Vice President of Administration, and a full-time Services Coordinator. Additional personnel include a part-time Accountant, part-time Bookkeeper, a part-time Billing Coordinator, a part-time Special Projects Coordinator, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

PROGRAM WORK PLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs², improving women's health³, and obtaining overall long-term savings for the taxpayers of Michigan.

Program Design

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania, Michigan, and Indiana, as a good steward of government financial resources to meet government's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide statewide program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, Michigan and Indiana along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.)

Program Vendor Service Providers

Presently, 5 vendor service providers with 17 sites are providing pregnancy and parenting support services in Michigan under the program. Real Alternatives plans to recruit and subcontract with more vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout the State of Michigan. Specific emphasis will be on those potential service providers geographically located north of State Route 10 so the program will provide statewide coverage of services. Real Alternatives will contact them in October/November 2015 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. Real Alternatives will continue to report to DCH for the previous month's services performed. Requests for remaining cash advances will occur each month. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

Service Provider Selection Process

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is

arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 17- 25 total pro-life vendor service provider sites located throughout Michigan to serve women in need.

Service Provider Training and Monitoring

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. Vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2015.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);
- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referral resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed: .

- Review of randomly selected client files for accuracy of billing.

Service Provider Reimbursement Method

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 18 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Charitable Choice Act – Faith-Based Organization Policy

Real Alternatives will implement the present RAPID faith-based policy currently being used in Pennsylvania, Michigan, and Indiana. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission

statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

Program Client Services

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs

- ♦ other counseling offered to modify risk-taking behavior.⁴

This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

Program Administration Services

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual education material purchase for clients; conduct annual professional education conference for program counselors; conduct statewide program advertising; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

Program Educational Material Purchase

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement a substantial RAPID Client Education Materials Purchase during contract year 2015/2016 of the grant. Again, the state of Michigan will be able to save development time and money by using material which have already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with 18 years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will continue to develop special education and information materials tailored for the Michigan program.

Program Advertising

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Now that a large number of vendor service providers sites are approved and providing services, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below). As the program grows north geographically to cover the entire state of Michigan, advertising will follow the growth.

Real Alternatives will use the social media ads developed and tested over the years in the Pennsylvania, Indiana and Michigan programs that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the Internet, referrals are made from the existing bilingual Real Alternatives website www.RealAlternatives.org, which has been adapted for use by Michigan citizens. That website is updated with the latest new service providers immediately once the vendor service providers sign, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

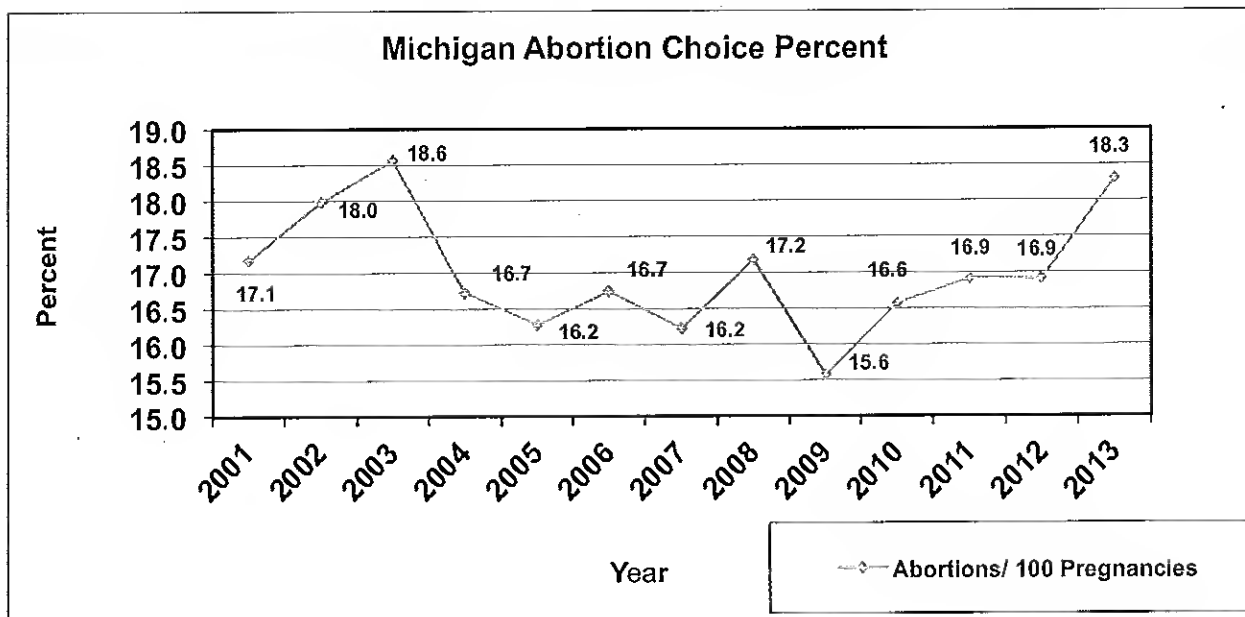
The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, FaceBook and Google ads, brochures, television, and future radio ads will advertise it. During contract year 2015/16 the advertisement budget is high so that Real Alternatives may continue to inform the women of Michigan of the program's existence. As the program grows to the north of the state, advertising will follow. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

Program Professional Development Conference for Counselors/mentors

Real Alternatives will create, plan, and conduct an Annual Program Services Provider Conference for service provider counselors and mentors serving women under the Michigan Pregnancy and Parenting Support Services Program. Counselors and mentors will be invited to the centrally located Conference. Speakers will be hired to provide talks on topics of interest that can assist counselors and mentors as they serve the needs of women in unexpected pregnancies.

ASSUMPTIONS

This work plan is based on the assumption that DCH will continue to promptly reimburse Real Alternatives monthly for program services expenses that have occurred.



APPENDICES

Exhibit 1 /

"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

Exhibit 2: END NOTES

¹ The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

² Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, Centers for Disease Control and Prevention.

³ Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: [HYPERLINK](http://www.wjso.com/content/7/1/37)

"<http://www.wjso.com/content/7/1/37>" <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women ≤ 40 years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, The British Journal of Psychiatry, May 2009, Vol. 195, pp.420-426

⁴ Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.
<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSActivities/ucm126372.htm>
accessed 5/31/12 Page Last Updated: 07/22/2010

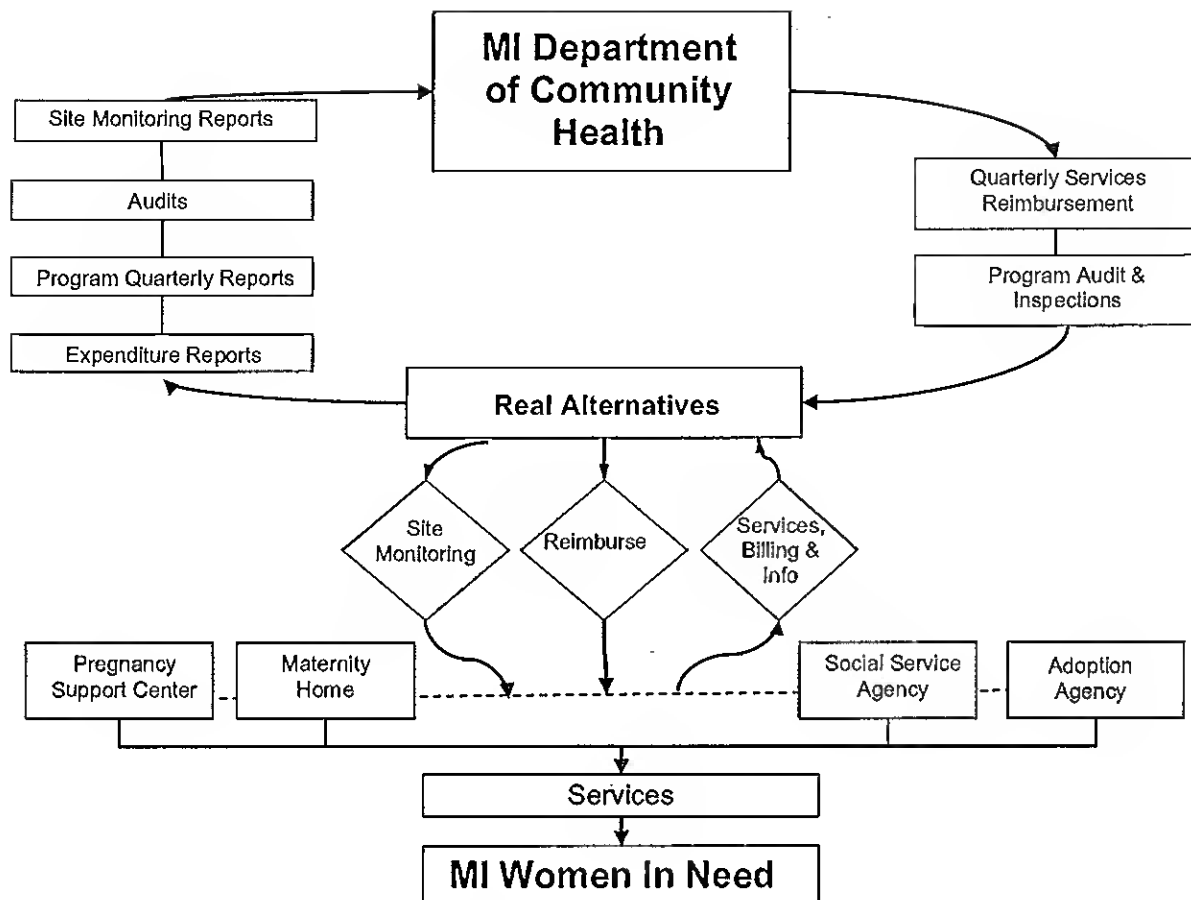
A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



mydocuments:my documents:2-Michigan Program:FY 15-16:Michigan Budget 2013-2016.xlsxSummary-BR-8-26-15-Oct.3-Sep.16

Derman, Barbara (DHHS)

Subject: Discuss Real Alternatives New Budget Proposal
Location: MDCH-WSB-210

Start: Tue 9/1/2015 3:30 PM
End: Tue 9/1/2015 4:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Derman, Barbara (DCH)
Required Attendees: Dunbar, Paulette Dobynes (DCH); Hensler, Jeanette (DCH)
Resources: MDCH-WSB-210

Importance: High



Contract year
2015-2016 prop...

Paulette I booked room 210 for us to call Jeanette. Looks like we are all free at that time on Tuesday. You have a review in room 210 just before this on your calendar.

Jeanette's phone number is 517-241-8764. Jeanette would you like us to call you, or would you like to call into our conference call number: 877-336-1828 Access code 7718428

Let us know, Your choice ☺

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobyne (DCH)
Sent: Wednesday, July 23, 2014 9:19 AM
To: Taylor, Lucie (DCH); Derman, Barbara (DCH); Lightning, Jeanette (DCH)
Cc: Eisfelder, Penny (DCH)
Subject: RE: Real Life Alternatives

Kristi Broessel handles this project's contracting. We only monitor the program services and have input in the FSR monitoring. This agency has designated funding and we don't know what it is for FY 15. There is nothing for us to do for FY 15.

From: Taylor, Lucie (DCH)
Sent: Wednesday, July 23, 2014 7:17 AM
To: Derman, Barbara (DCH); Lightning, Jeanette (DCH); Dunbar, Paulette Dobyne (DCH)
Cc: Eisfelder, Penny (DCH)
Subject: FW: Real Life Alternatives

Did this project get set up with an allocation for FY 15?

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Monday, August 31, 2015 1:44 PM
To: Hensler, Jeanette (DCH)
Subject: RE: Discuss Real Alternatives New Budget Proposal

We would have 15 minutes. Apparently Paulette has to leave by 2:45. If you think that is enough, we could do it. I looked at the budget and the Attachments. Seemed to me he had done what we asked him to do, so perhaps it would be a short call? If you think we need more time, I'll look for another time.

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Hensler, Jeanette (DCH)
Sent: Monday, August 31, 2015 1:12 PM
To: Derman, Barbara (DCH) <DermanB@michigan.gov>
Subject: RE: Discuss Real Alternatives New Budget Proposal

I have a meeting schedule until 2:30. Please let me know if that will work for you.
Thank you,
Jeanette

From: Derman, Barbara (DCH)
Sent: Monday, August 31, 2015 11:31 AM
To: Hensler, Jeanette (DCH)
Subject: FW: Discuss Real Alternatives New Budget Proposal
Importance: High

Is it possible for you to move our call tomorrow afternoon from 3:30 to 2:00? Paulette needs to reschedule our call due to a new commitment. Thank you for considering this time change. I'll move the meeting forward on our calendars if you can do this. Thnaks!

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

-----Original Appointment-----

From: Hennesey, Diane (DCH) On Behalf Of Dunbar, Paulette Dobynes (DCH)

~~Sent: Monday, August 31, 2015 11:22 AM~~

To: Derman, Barbara (DCH)

Subject: Declined: Discuss Real Alternatives New Budget Proposal

When: Tuesday, September 01, 2015 3:30 PM-4:30 PM (UTC-05:00) Eastern Time (US & Canada).

Where: MDCH-WSB-210

Importance: High

Unfortunately, Quess, Administration needs Paulette at another meeting during this time. Could it be rescheduled from 2:00 – 2:45. Paulette has to leave at 2:45.

Derman, Barbara (DHHS)

Subject: Real Alternatives Budget discussion
Location: MDCH-WSB-3rdFlr

Start: Wed 9/2/2015 4:00 PM
End: Wed 9/2/2015 4:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Derman, Barbara (DCH)
Required Attendees: Hensler, Jeanette (DCH); Dunbar, Paulette Dobynes (DCH) (dunbarp)
Resources: MDCH-WSB-3rdFlr



Contract year
2015-2016 prop...

I booked 3rd floor conf. room for Paulette and I to call Jeanette. Looks like we are all free at 4 on Wednesday.

Jeanette's phone number is 517-241-8764. Jeanette would you like us to call you, or would you like to call into our conference call number: 877-336-1828 Access code 7718428

Let us know, Your choice ☺

Derman, Barbara (DHHS)

Subject: Canceled: Discuss Real Alternatives New Budget Proposal
Location: MDCH-WSB-210

Start: Tue 9/1/2015 3:30 PM
End: Tue 9/1/2015 4:30 PM
Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Derman, Barbara (DCH)
Required Attendees: Dunbar, Paulette Dobynes (DCH); Hensler, Jeanette (DCH)
Resources: MDCH-WSB-210

Importance: High



Contract year
2015-2016 prop...

Paulette I booked room 210 for us to call Jeanette. Looks like we are all free at that time on Tuesday. You have a review in room 210 just before this on your calendar.

Jeanette's phone number is **517-241-8764**. Jeanette would you like us to call you, or would you like to call into our conference call number: **877-336-1828** Access code **7718428**

Let us know, Your choice ☺

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, September 02, 2015 1:26 PM
To: Hensler, Jeanette (DCH)
Subject: RE: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Thanks Jeanette, talk to you at 4:00. Would you like us to set up a conference call, or just call your office?

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Hensler, Jeanette (DCH)
Sent: Wednesday, September 02, 2015 1:23 PM
To: Derman, Barbara (DCH) <DermanB@michigan.gov>
Cc: Dunbar, Paulette Dobynes (DCH) <dunbarp@michigan.gov>
Subject: FW: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

See the proposed amendment materials to be signed by Real Alternatives. I'll talk with you later today.
Thank you,
Jeanette

From: Geist, Laura (DCH)
Sent: Wednesday, September 02, 2015 12:30 PM
To: Hensler, Jeanette (DCH)
Subject: RE: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Amendment attached.

Laura A. Geist
517-241-3932
geistL1@michigan.gov

From: Hensler, Jeanette (DCH)
Sent: Tuesday, September 01, 2015 8:52 AM
To: Geist, Laura (DCH)
Subject: FW: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program
Importance: High

Hi Laura,

Can you draft an amendment for Real Alternatives based on the attached?

Thank you,
Jeanette

From: Derman, Barbara (DCH)
Sent: Thursday, August 27, 2015 10:29 AM
To: Hensler, Jeanette (DCH); Dunbar, Paulette Dobynes (DCH)
Subject: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program
Importance: High

Would you like me to set up a time for a conference call to discuss the proposal from Real Alternatives?

I reviewed them and seems like what we asked for. Attachment A , E are essentially the same as previously submitted and approved by us. The Budget looked to me like what we requested, my only thought was that the advertising budget item is a bit high, but we have discussed with them their need/desire to advertise/outreach, so may be ok as well. They do describe this activity generally in the program description (Attachment E) They include in this section the hotline which has its own line item in the budget.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Kevin Bagatta [<mailto:kbagatta@realalternatives.local>] On Behalf Of Kevin I. Bagatta, Esquire
Sent: Wednesday, August 26, 2015 9:13 PM
To: Hensler, Jeanette (DCH) <HenslerJ1@michigan.gov>; Kevin I. Bagatta, Esquire <ra-president@comcast.net>; Broessel, Krstl (DCH) <BroesselK@michigan.gov>; Dunbar, Paulette Dobynes (DCH) <dunbarp@michigan.gov>; Derman, Barbara (DCH) <DermanB@michigan.gov>
Cc: Thomas A. Lang, Esq. <ra-operations@comcast.net>; Clifford W. McKeown, Esq. <ra-finance@comcast.net>
Subject: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Hi Jeanette:

Attached are three documents:

1. A new Statement of Work
2. A new Program Description and Work plan
3. A new 2013-2016 Program Budget

Is our understanding correct that we will be able to expend contract year 2013-2015 funds in the each budget line until they run out AND then use the contract year 2015-2016 funds in those budget lines?

For example: Rent, in the attached budget, we are projecting to have surplus at September 30, 2015. In October and November, we would use those funds – where they will then probably be depleted (and the column would show "0"). Come December we would start using the contract year 2015-2016 funds (\$800,000) for rent. Is that correct?

You see how we will track the 10% (\$80,000) for the contract year 2015-2016 funds (\$800,000). We would submit this budget sheet monthly with our FSR – okay?

Finally, I can provide these documents in any format for you .

Thanks,

Kevin

Kevin I. Bagatta, Esquire

President & CEO

Real Alternatives

7810 Allentown Blvd., Ste. 304

Harrisburg, PA 17112

717-541-7832

From: "Hensler, Jeanette (DCH)" <HenslerJ1@michigan.gov>

Date: Wednesday, August 19, 2015 at 11:56 AM

To: Kevin Bagatta <ra-president@comcast.net>, Kristi Broessel <BroesselK@michigan.gov>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>

Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>, "Clifford W. McKeown, Esq." <ra-finance@comcast.net>

Subject: RE: Budget Revision for May Invoice

Hi Kevin,

Thank you for your response. We understand that you may not be able to track this funding separately, so instead we would like to propose that you revise the existing budget to include the additional \$800,000 for a total budget of \$1,500,000 for the amendment. The amendment period will extend the grant agreement end date to 9/30/16. To continue to expend the remaining funds from FY 2014 and the new funds for FY 2015, we need to add the new funds for FY 2015 to the existing agreement versus creating a new agreement.

In order to proceed with this amendment, we will need you to provide a revised budget for the total grant agreement amount of \$1,500,000 and a revised Statement of Work to extend the agreement to September 30, 2016. As you are building your budget, please ensure the administrative costs associated with the additional \$800,000 are capped at 10%.

Also, this amendment process is time sensitive as the State of Michigan fiscal year-end deadlines are quickly approaching. We would appreciate your assistance to submit the revised budget and Statement of Work to Quess Berman and I no later than August 26th if possible. If we receive the amendment documents by August 26th, we will target sending you the amendment for signature by September 2nd.

Please let me know if you have any questions. Thank you very much for your attention to this matter.

Jeanette Hensler, Manager
Michigan Department of Health and Human Services
Grants Section
(517)241-8764

From: Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]

Sent: Tuesday, August 11, 2015 7:12 PM

To: Broessel, Kristi (DCH); Dunbar, Paulette Dobyne (DCH); Derman, Barbara (DCH); Hensler, Jeanette (DCH)

Cc: Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.

Subject: Re: Budget Revision for May Invoice

Hi Kristi:

Sorry to hear you are leaving the program – thank you for working with us to facilitate the start!

Tom, Cliff and I do not believe we will be able to account for the two contract funding amounts simultaneously. Our accounting and cost allocation system is set-up to allocate cost by separate program, not multiple contract funding lines within a program. The \$700,000 two-year program has been accounted for and cost allocated by a October 1 – September 30 contract year. We need the follow-on \$800,000 program to follow that contract year accounting period to ensure we accurately allocated costs for each program.

In addition, we are concerned that current projected available services counseling money under the \$700,000 two year program will not deplete fast enough for us to have administrative funds to pay for the work required to support the services. At the present services reimbursement rate, the counseling fund line will not be depleted until well after November – maybe January.

Within the last 30 days, we have trained four different potential service providers in the approval process - these providers are from Grand Rapids, Lansing, Hillsdale, and Dearborn Heights. Since the usual approval process takes 60–75 days, those new service providers will not be providing services until after October 15. So we will have incurred extra administrative expenses that will not result in increase services until after November.

We will run out of administrative money under the \$700,000 program before we run out of services money because we have extended the one year contract to two years. Our 15% administrative expenses assumed start-up and services expended in 12 months not 24 months. Michigan Service providers were much slower to respond to the program than our programs in PA, TX, and IN.

Our administrative funds will be expended by October 1, 2015. At that time, the total 24 month administrative cost ratio will be 21%. [FYI – 10/1/13 – 9/30/15 – admin ratio with start-up was 37.62%, 10/1/14-6/30/15 – admin ratio is 10.5%]

We request that after September 30, 2015, any unused funds from the \$700,000 program (now estimated to be \$140,000) be rolled over to the \$800,000 program starting October 1. We would apply the unused services funds to services under the \$800,000 program and administer those funds at 10%.

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

From: Kristi Broessel <BroesselK@michigan.gov>

Date: Wednesday, July 22, 2015 at 11:05 AM

To: Kevin Bagatta <ra-president@comcast.net>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>, "Hensler, Jeanette (DCH)" <HenslerJ1@michigan.gov>

Cc: "Thomas A. Lang, Esq." <ra-operations@comcast.net>, "Clifford W. McKeown, Esq." <ra-finance@comcast.net>

Subject: RE: Budget Revision for May Invoice

Thank you for your message. The Department is planning to add the \$800,000 to your existing contract through an amendment. There will be no new contract starting October 1, 2015. The 10% cap is on the \$800,000 for FY 15 and does not apply to the existing \$700,000 funds from FY 14. We recommend that that you present a separate budget for the \$800,000 for FY 15 to help clarify that the 10% cap applies to these FY 15 funds and not the FY 14 funds. We would also suggest that you list the FY 15 Administrative and Services expenditures separately from the FY 14 Administrative and Services expenditures in the Other Expense category on the Budget Summary and in the Budget Detail. If this is not possible, please let us know.

Also, I have a new role in the Department. Jeanette Hensler, Grants Section Manager, will be taking my place on this project and will be working closely with Quess and Paulette on this amendment. Ms. Hensler will assist with preparing the grant agreement amendment(s) that will be sent out for your review, approval, and signature and will be working with Quess, Paulette and yourself to develop the budget for this amendment as we have done in the past.

It has been a pleasure working with you and your team on this project over the past two years. I wish you continued success and growth with your program to provide alternatives to women and families in Michigan. Best Wishes!

From: Kevin I. Bagatta, Esquire [mailto:ra-president@comcast.net]

Sent: Tuesday, July 21, 2015 12:41 PM

To: Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)

Cc: Broessel, Kristi (DCH); Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.

Subject: Re: Budget Revision for May Invoice

Hi Quess,

Here is the narrative you requested for the budget revision we submitted.

Thanks for the information on the renewal and the roll-over of the remainder of the funds not expended under the FY 13/14-FY14/15 contract. Our rough prediction is that the new contract starting this October 1,, 2015 will be around \$1 million - \$800,00 plus \$200,000 remainder. With the 10% cap, that would be about \$100,000 in administrative costs. Right now, we have one potential service provider in the approval process and three more scheduled for training.

With a \$1 million dollar program, that would be very sufficient for a full state-wide program – we are pretty excited about that. We have had inquiries from the upper peninsular from potential service providers in the past.

We'll start working the details and do our best to meet the deadline – we started our end of the fiscal year audit today.

Thanks again!

Kevin

BUDGET REVISION NARRATIVE

ADMINISTRATIVE EXPENSES

Personnel

Increase to President & CEO, VP – Administration, Accountant, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

Operating

Decrease in Consulting, Legal, Auditing, Travel-Lodging, Office Expense, and Computer Resource lines was due to less cost than projected.

Increase in Rent and telephone service line was due increased cost of contract year extension. These costs increased because more time was required to meet contract goals.

SERVICES EXPENSES

Personnel

Increase to VP – Operations, Billing Coordinator, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

Addtion of Services Coordinator and Services Assistance lines was due to rearrangement of program tasks to different Real Alternatives staff.

Operating

Increase in Client Education Materials line was due to greater than expected costs.

Increase in Travel line is due to VP-Operations travel for site monitorings this summer.

Increase in Services database Consulting & Development line was due to increased cost of contract year extension. More time was required to meet contract goals.

Decrease in Hotline Referral System line was due to less cost than projected.

Decease in Counseling Reimbursement would be necessary to cover the costs of contract close-out should contract not be renewed. With contract extension and renewal, contract closeout costs will not be required.

Kevin I. Bagatta, Esquire
President & CEO
Real Alternatives
7810 Allentown Blvd., Ste. 304
Harrisburg, PA 17112
717-541-7832

Statement of Work

Michigan Pregnancy and Parenting Support Services Program

October 2013 – September 2016

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
 - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
 - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
 - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
 - i. Referrals for prenatal and pediatric care.
 - ii. Referrals for medical care.
 - iii. Referrals for social services organizations and support services such as:
 - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
 - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
 - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
 - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
 - a. Are a nonprofit organization with 501(c)3 tax exempt status
 - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
 - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
 - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - f. Provide core services consisting of Information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - g. Are nondiscriminatory
 - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - k. Agree to serve all eligible clients, including those with Limited English Proficiency
 - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - m. Maintain client confidentiality
 - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
 - o. Do not charge a fee for services to eligible clients.
 - p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
 - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitoring.
 - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
 - a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
 - c. Technical assistance provided;
 - d. Follow-up on site monitoring findings for Service Providers;
 - e. Direct service activities such as information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
 - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
 1. Less than 16 years old;
 2. 16 years old through 20 years old;
 3. 21 years old through 25 years old;
 4. 26 years old through 30 years old;
 5. 31 years old through 35 years old;
 6. 36 years old through 40 years old;
 7. 41 years old through 45 years old;
 8. 46 years old and older.
 - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
 - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
 - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
 1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
 2. Public Information activities in Michigan
 - k. Report number of Service Provider referrals by type:
 1. Prenatal care providers
 2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM

**October 2013 – September 2016
Program Description and Work Plan**

INTRODUCTION

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)¹ system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

Corporate Mission Statement

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

CORPORATE BACKGROUND AND EXPERIENCE

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last 18 years. During that time, over 250,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Human Services to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies.

In 2013, Real Alternatives was selected by the Michigan Department of Community Health to be the prime contractor for the State of Michigan's Pregnancy and Parenting Support Services Program. With a network of 17 service provider sites, over 1,450 women throughout the southern region of Michigan have been served since October 2013.

In 2014, Real Alternatives was selected by the Indiana State Department of Health to be the prime contractor for the State of Indiana's Pregnancy and Parenting Support Services Program. With a network of 16 service provider sites, over 7,500 women throughout the northern region of Indiana have been served since October 2014.

Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 18 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf

of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

Real Alternatives Staff

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.7 million a year Pennsylvania Program, the \$1 million a year Indiana Program, and the \$1.5 million Michigan Program and the second division that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Vice President of Administration, and a full-time Services Coordinator. Additional personnel include a part-time Accountant, part-time Bookkeeper, a part-time Billing Coordinator, a part-time Special Projects Coordinator, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

PROGRAM WORK PLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs², improving women's health³, and obtaining overall long-term savings for the taxpayers of Michigan.

Program Design

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania, Michigan, and Indiana, as a good steward of government financial resources to meet government's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide statewide program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, Michigan and Indiana along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.)

Program Vendor Service Providers

Presently, 5 vendor service providers with 17 sites are providing pregnancy and parenting support services in Michigan under the program. Real Alternatives plans to recruit and subcontract with more vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout the State of Michigan. Specific emphasis will be on those potential service providers geographically located north of State Route 10 so the program will provide statewide coverage of services. Real Alternatives will contact them in October/November 2015 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. Real Alternatives will continue to report to DCH for the previous month's services performed. Requests for remaining cash advances will occur each month. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

Service Provider Selection Process

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is

arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 17- 25 total pro-life vendor service provider sites located throughout Michigan to serve women in need.

Service Provider Training and Monitoring

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. Vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2015.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, Internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);
- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referral resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed:

- Review of randomly selected client files for accuracy of billing.

Service Provider Reimbursement Method

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 18 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Charitable Choice Act – Faith-Based Organization Policy

Real Alternatives will implement the present RAPID faith-based policy currently being used in Pennsylvania, Michigan, and Indiana. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission

statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

Program Client Services

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs

- ♦ other counseling offered to modify risk-taking behavior.⁴

This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

Program Administration Services

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual education material purchase for clients; conduct annual professional education conference for program counselors; conduct statewide program advertising; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

Program Educational Material Purchase

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement a substantial RAPID Client Education Materials Purchase during contract year 2015/2016 of the grant. Again, the state of Michigan will be able to save development time and money by using material which have already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with 18 years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will continue to develop special education and information materials tailored for the Michigan program.

Program Advertising

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Now that a large number of vendor service providers sites are approved and providing services, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below). As the program grows north geographically to cover the entire state of Michigan, advertising will follow the growth.

Real Alternatives will use the social media ads developed and tested over the years in the Pennsylvania, Indiana and Michigan programs that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website www.RealAlternatives.org, which has been adapted for use by Michigan citizens. That website is updated with the latest new service providers immediately once the vendor service providers sign, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

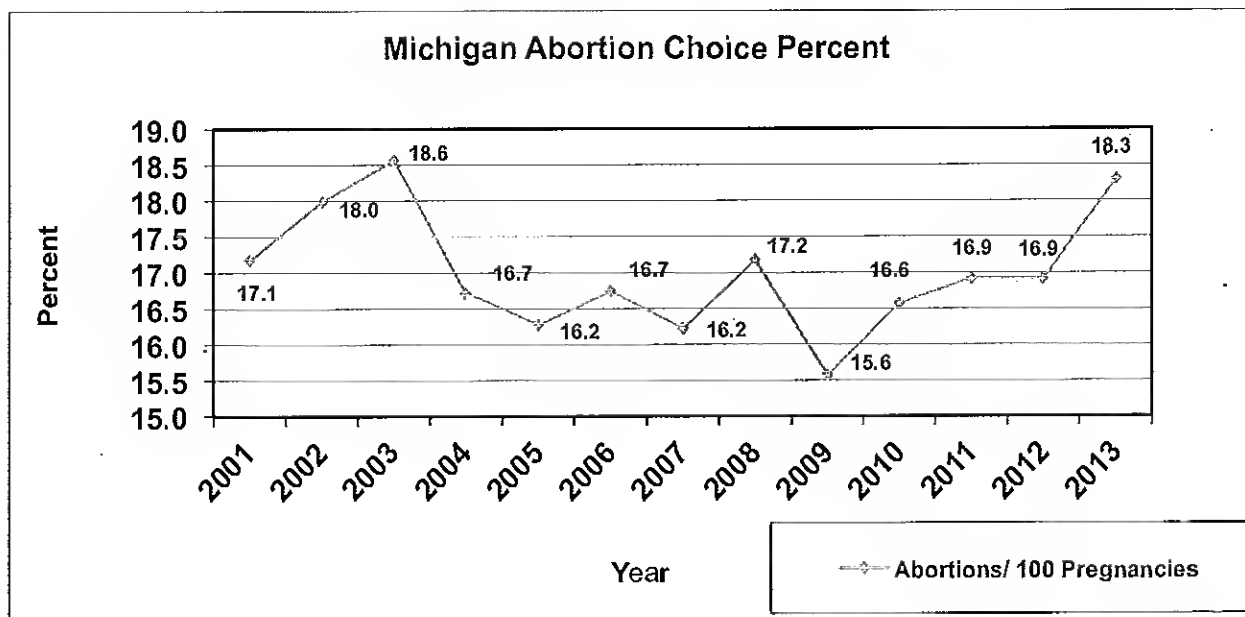
The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, FaceBook and Google ads, brochures, television, and future radio ads will advertise it. During contract year 2015/16 the advertisement budget is high so that Real Alternatives may continue to inform the women of Michigan of the program's existence. As the program grows to the north of the state, advertising will follow. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

Program Professional Development Conference for Counselors/mentors

Real Alternatives will create, plan, and conduct an Annual Program Services Provider Conference for service provider counselors and mentors serving women under the Michigan Pregnancy and Parenting Support Services Program. Counselors and mentors will be invited to the centrally located Conference. Speakers will be hired to provide talks on topics of interest that can assist counselors and mentors as they serve the needs of women in unexpected pregnancies.

ASSUMPTIONS

This work plan is based on the assumption that DCH will continue to promptly reimburse Real Alternatives monthly for program services expenses that have occurred.



APPENDICES

Exhibit 1 /

"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

Exhibit 2: END NOTES

¹ The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

² Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, Centers for Disease Control and Prevention.

³ Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: [HYPERLINK](http://www.wjso.com/content/7/1/37)

"<http://www.wjso.com/content/7/1/37>" <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women ≤ 40 years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, *The British Journal of Psychiatry*, May 2009, Vol. 195, pp.420-426

⁴ Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSActivities/ucm126372.htm>
accessed 5/31/12 Page Last Updated: 07/22/2010

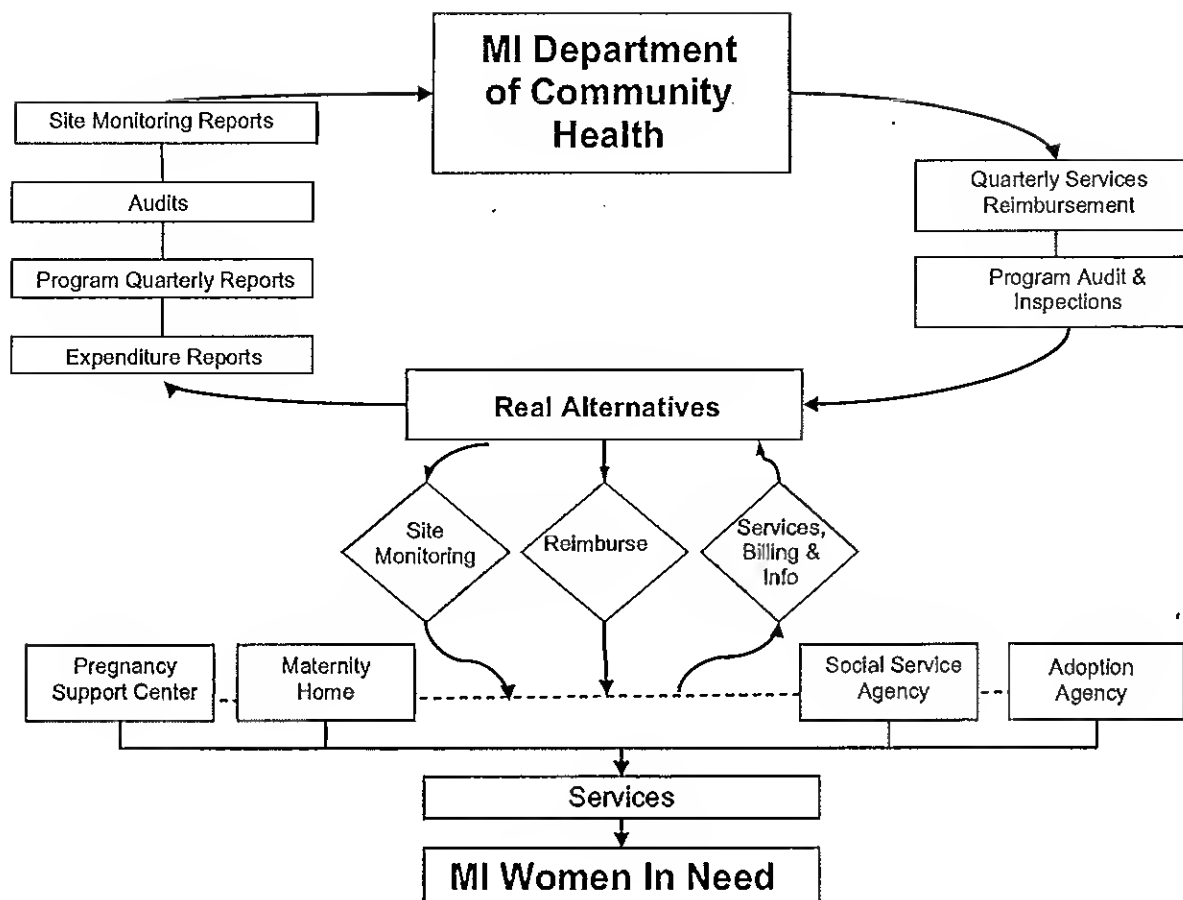
A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. *Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease*, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



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